

Professional Development Committee
The Place in Innsbrook - Richmond, Virginia
October 11, 2006
10:30am

Members Present:	Members Absent:	Staff:	Others:
Dr. Dudley (Chairman) Randy Abernathy Linda Johnson Billy Altman Holly Frost Nick Klimenko Jeffrey Reynolds Dave Cullen Donna Helmick	Kathy Eubank	Warren Short Tom Nevetral Greg Neiman Chad Blosser Scott Winston Michael Berg	Marcia Pescitani Bobby Baker Michael F. Biamonte Heidi Hooker Matt Dix Troy Allen Ed Snyder Thomas Jarmon Jon Blank Bill Phillips Dr. Dana Love

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	Meeting called to order at: 10:32	
II. Introductions	Members of the committee introduced themselves	
III. Approval of Minutes	Minutes from the July 12, 2006 meeting were reviewed	MOTION by: Billy Altman, to accept the minutes as presented SECONDED by: Linda Johnson VOTE: Unanimous
IV. Reports of Committee Members		
	a. Officer Reports-No report	
	b. Reports of Committee Members-None	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>c. Office of EMS</p> <ul style="list-style-type: none"> i. DED-Warren <ul style="list-style-type: none"> a. Welcome Chad back b. New positions have been approved by Commissioner <ul style="list-style-type: none"> i. Certification Test Examiner ii. ALSTF Financial Assistant c. Regulatory Update-Division of Educational Development proposed regulations have been submitted and awaiting approval by the AG Office. The Proposed Regulations approved by the AG's Office will be presented at the next Advisory Board as a courtesy for their review. <ul style="list-style-type: none"> i. Michael D. Berg-Pubic Comment Period open until November 18 for Proposed Regulations on Regional Councils and Financial Assistance to EMS Agencies-FARC 	
	<ul style="list-style-type: none"> ii. ALS-Tom <ul style="list-style-type: none"> a. NREMT Computer Based Testing(CBT)-no new info from NREMT. A webinar is scheduled in November with Accredited sites to discuss the implications of CBT with them. Still waiting for the DVD to be distributed, but NREMT is encouraging sites to register online now. Nick Klimenko advised he received invite from Registry to go out and write new questions, review current questions and validate prior to the rollout. The Office will leave it up to the programs to decide whether to do written or practical first. 	
	<ul style="list-style-type: none"> iii. BLS-Greg <ul style="list-style-type: none"> a. EMS Instructor Updates <ul style="list-style-type: none"> i. For the first time at the VAVRS Convention on September 30. This update was scheduled at the urging of the Instructors in the TEMS Region because the one held during Symposium prevents them from taking classes. We had around 15 Instructors attend. We will have the Update at Symposium this year on November 11th. We have scheduled an update at the VAVRS Convention for next year and will decide the fate of the Symposium Update for 2007 after the 2006 Symposium. ii. The next Update is scheduled for Saturday, October 14 in Loudoun County. iii. Dates for 2007 Updates have been sent to the Regional Councils. No negative response has been received so we will move forward with them. Next year will be a heavy year with an update in every Council Region iv. We are continuing to pursue Web-based Updates. b. Instructor Institutes: <ul style="list-style-type: none"> i. The Office held a mini-institute for Fire Instructors and other qualified candidates on October 5 & 6. It was held at the Virginia Department of Fire Programs HQ in Glen Allen. 15 Candidates completed the administrative portion and became certified as EMT Instructors. 	

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	<ul style="list-style-type: none"> ii. The next Instructor Institute is scheduled for October 14-18 in Loudoun County. 22 candidates and 2 Fire Instructors are scheduled to attend. c. Survey of Testing Candidates <ul style="list-style-type: none"> i. After the last PDC meeting, Committee members were to send comments on the Survey to Greg. A copy of the survey with comments received was distributed to the Committee. Discussion began on the survey and comments. 	<p>MOTION by: Nick Klimenko to accept the survey with proposed changes.</p> <p>SECOND by: Randy Abernathy</p> <p>VOTE: Unanimous</p>
	<ul style="list-style-type: none"> iv. Funding & Accreditation-Chad <ul style="list-style-type: none"> a. ALSTF-Reports to be distributed by e-mail b. Accreditation Update <ul style="list-style-type: none"> i. 8-9 I Accredited Sites ii. 3 out with Site teams c. OEMS/VDFP Bookstore Survey <ul style="list-style-type: none"> i. Complete and distributed ii. Had a good response and data has been distributed internally d. BLS-Warren-Not much has changed, there is a new contract person in the VDH, changing now would create problems- The Office is exploring new avenues for BLS Reimbursement Funding. 	
V. Reports of Pilot Programs		
	<ul style="list-style-type: none"> a. SVCC Video Streaming Pilot <ul style="list-style-type: none"> i. Ricky Lyles' e-mail report was distributed. (See Attached) ii. Committee requested more data before formally adopting the process 	
	<ul style="list-style-type: none"> b. Competency Based <ul style="list-style-type: none"> i. Prince William County-Lt. Thomas Jarmon (Report Attached) <ul style="list-style-type: none"> a. 100% Pass Rate on State Test b. Strengths <ul style="list-style-type: none"> i. End result-Competent Entry Level EMT ii. Skills Training is enhanced by this program iii. Vital signs- Students do better taking them c. Weaknesses <ul style="list-style-type: none"> i. Initial documentation – have improved this already ii. # of certain Competencies – need to review if the numbers are appropriate d. Important to use all of the time allotted to class, don't get out early, maximize learning time ii. Roanoke Valley Regional FTC- Bobby Baker/John Blank (Report Attached) 	

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	<ul style="list-style-type: none"> a. Stayed in same timeframes of our previous recruit schools b. Overall it was successful c. Concerns at the beginning about ensuring non-EMT Instructors teach the curriculum d. Students tested October 8th – no results yet e. 18 Started, 18 Finished f. 136 Hours g. 22 Instructors/ 13 were EMT-B Instructors h. Course Averages matched previous recruit schools i. Students received competency book at beginning of class, gave them information up front j. Disadvantages <ul style="list-style-type: none"> i. Documentation of competencies k. Consider increasing lab time like Prince William Program <p>iii. TCC-Helen Nelson-(Report Attached)</p> <ul style="list-style-type: none"> a. Course has not ended b. Information from other programs has been helpful c. Have written some scenarios and highlighted what competencies are covered in each one d. Personally approves all instructors that teach Didactic <p>iv. JSRCC-Hanover</p> <ul style="list-style-type: none"> a. Hanover High School-ends in June b. Night program-ends in December c. Have always been competency based, just never documented it d. Program is excellent, we are doing a coordinated program in many locations d. Need to evaluate our instructors <ul style="list-style-type: none"> i. Students evaluate instructors nightly ii. Instructors should start teaching practicals first, then progress in responsibility e. Courses have gone over 120 hours f. Advantages <ul style="list-style-type: none"> i. Documentation ii. Making instructors do what they are supposed to <p>v. JSRCC-Henrico Fire</p> <ul style="list-style-type: none"> a. Have not started yet b. Cost to the college is an issue 	
Break for Lunch 12:08-12:40pm		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
VI. Ad-hoc Committees	a. ALSTF-PRN Committee – No Report	
	b. Tom Nevetral advised the committee that the Intermediate Curriculum Peer Review Committee met for the second time and discussed several issues: <ul style="list-style-type: none"> • Presently the Intermediate Curriculum is established at 204 hours for didactic and lab. Of the programs represented only one advised that they conduct their program at 204 hours. The average is 292 hours for didactic and lab. • Discussion continuing on identifying specific numbers for lab skills rather than utilizing an hour requirement. • Currently there is a policy that allows prior experience be allowed for one year from the start of the program be increased to two years from the start of the program. • Discussion to allow the competency requirement for ventilating the non breathing / non intubated patient is met by utilizing one of the MDC approved airway manikins. <p>Once the committee has completed their recommendations they will be presented to the Medical Direction Committee for review.</p>	
	c. BLS Curriculum Review Committee – October 14, 2006 <ul style="list-style-type: none"> i. Items Discussed in the first meeting included: <ul style="list-style-type: none"> a. Programs should teach to the Curriculum and consider holding Regional Protocol Programs after certification b. Updates to the First Responder Curriculum <ul style="list-style-type: none"> i. Adding a Backboarding Module c. Update to the EMT-B Curriculum <ul style="list-style-type: none"> i. Add instruction on Pulse Ox, Glucometer ii. Delete MAST from curriculum iii. Add a module on WMD iv. Consider adding the NIMS course ii. Committee members are looking at the Curriculum, Med Schedule, Procedure Schedule and making suggestions iii. Shaun Carpenter is establishing a website the group can submit their comments to. iv. Next Meeting: WEBINAR December 6, 2006 	
	d. Instructor Credentialing – September 21, 2006 <ul style="list-style-type: none"> i. Items discussed at the first meeting included: <ul style="list-style-type: none"> a. What are the perceptions around the Commonwealth regarding Instructor Credentials? b. Some of the issues include: <ul style="list-style-type: none"> i. Identifying groups of customers <ol style="list-style-type: none"> 1. Agencies that need Initial Certification Training 2. Agencies that need CE 3. Agencies that need Training for Preceptors 	

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	<ul style="list-style-type: none"> 4. Accredited Organizations <ul style="list-style-type: none"> ii. May need 3 levels of Instructors <ul style="list-style-type: none"> 1. Didactic Instructor 2. Lab Instructor 3. Preceptors ii. Homework for the Committee Members <ul style="list-style-type: none"> a. Look at the prerequisites b. What material is out there for Instructors? c. What is the process in identifying qualified individuals? d. Does this need to be state certification – EMS Coordinator iii. Do we have a consensus; Four Different Needs - Four different levels iv. Next Meeting November 1st, 2006 at 10:30am 	
	<ul style="list-style-type: none"> e. BLS Cert Test Committee – September 19, 2006 <ul style="list-style-type: none"> a. The Committee discussed areas of strength and weakness <ul style="list-style-type: none"> a. Do we keep AED or incorporate into the Medical Station? b. Should the Practical be Scenario based? or Skills Based? c. There was concern about the amount of perceived subjectivity b. Homework for Committee members <ul style="list-style-type: none"> a. Placed a survey out to providers in the Commonwealth <ul style="list-style-type: none"> 1. rank choices of a practical exam in order of preference b. OEMS to report current pass rates on practical exams c. Research what other 49 states and DC are doing for Practical Testing - Survey d. Current scenarios have errors that are causing problems in testing – sub-committee should address c. Next meeting November 15, 2006 at the Hilton Garden Inn – Richmond 	
	<ul style="list-style-type: none"> f. BLS Evaluator Committee – October 14, 2006 <ul style="list-style-type: none"> a. Issues discussed at the first meeting included <ul style="list-style-type: none"> a. We have an evaluator training program but it is not standardized <ul style="list-style-type: none"> 1. update program and standardize b. Should we require novice evaluators to work with seasoned evaluators? c. After testing, Examiners should provide feedback to evaluators on results that are overturned, create a learning process for evaluators. d. There are problems obtaining good evaluators e. Should we revamp checksheet to match the individual scenarios instead of having a generic sheet? f. Consider establishing core set of evaluators to travel around the state doing testing g. The Committee expressed concerns over the value of the practical. Is it worth the cost? h. We should consider a process of recertification/retraining of evaluators; annually? i. Initial training should include more visual and scenario tools 	

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	<ul style="list-style-type: none"> j. What credentials should we require of evaluators? k. Test examiners & OEMS Reps should be involved in training l. Concerns about inappropriate touching in testing – considerations in choosing volunteers to be patients m. We need to fix errors in current scenarios n. Locate classes we can videotape practical testing to use for teaching evaluators b. Next meeting January 17, 2006 10am, Location TBA 	
VII. Previous Agenda Items	None	
VIII. Agenda Items		
	<ul style="list-style-type: none"> a. Request from Regional Council Executive Group to add up to 4 Rural Programs to Pilot Study <ul style="list-style-type: none"> i. LFEMS-Gary Dalton ii. BREMS-Connie Purvis iii. PEMS? iv. Individual Rural Instructors <p>The Committee discussed the proposal.</p>	<p>MOTION BY: Linda Johnson That we have a separate pilot program for the rural areas to include Instructors in LFEMS, BREMS, PEMS, plus 1 additional Council and the courses will follow the previous established guidelines.</p> <p>SECOND: Randy Abernathy</p> <p>VOTE: Unanimous</p>
	<ul style="list-style-type: none"> b. ODEMSA Pilot Request-Rick McClure (See attached) <ul style="list-style-type: none"> i. Michael Berg-will need to submit variance to allow ALS Coordinators to announce Course ii. Ed Snyder CH F&E will provide more data and provide a stop-gap to resolve an issue <p>The Committee discussed the proposal.</p>	<p>MOTION BY: Jeffrey Reynolds That PDC approve the request of ODEMSA on the condition that they work within the parameters of the earlier pilot, limit the total number of pilots of previously approved program to 10 of which 2 are specifically reserved for rural areas.</p> <p>MOTION WITHDRAWN without being seconded</p>

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	Discussion continued on how to incorporate the ODEMSA presentation into the existing Pilot	MOTION BY: Jeffrey Reynolds To amend the previous motion establishing the rural pilot program to include ODEMSA and make the total of up to 10 courses - 2 of the courses must be done in very rural areas. The length will be 2 and a half years SECOND: Linda Johnson Hand Vote For: 7 Against: 1 MOTION PASSES
	<p>c. BLS (AED) Practical Concerns-Linda Johnson</p> <p>i. Information has been received that the American Red Cross ARC will come out with a new program which will deviate from AHA Guidelines</p> <p>The Committee discussed the motion.</p> <p>A joint notification from Regulation and Compliance and Training will be issued to advise when the AED Suspension will go into effect.</p>	MOTION BY: Linda Johnson To suspend the BLS(AED) practical for up to one year until guidelines can be clarified SECOND: Jeffrey Reynolds QUESTION WAS CALLED by: Nick Klimenko VOTE to end debate: Aye: 0 Nay: Unanimous MOTION TO END DEBATE FAILS Debate Continues Vote: 7 Nay: 1 MOTION PASSES

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	d. PDC Member-at-Large i. Linda Johnson was contacted about the possibility of filling an At-Large Position on the Committee. The At-Large positions are filled only if the Committee does not have an EMT-Instructor, ALS Coordinator, or EMS Physician represented. All three of those are represented on the current Committee so there is no need to fill the second At-Large Position on the Committee	
IX. PUBLIC COMMENT	Ed Snyder expressed thanks for approving the proposal from ODEMSA.	
X. DATES FOR 2007	Next meeting January 10, 2007 Location TBA	
Adjournment	Adjourned at 1445	

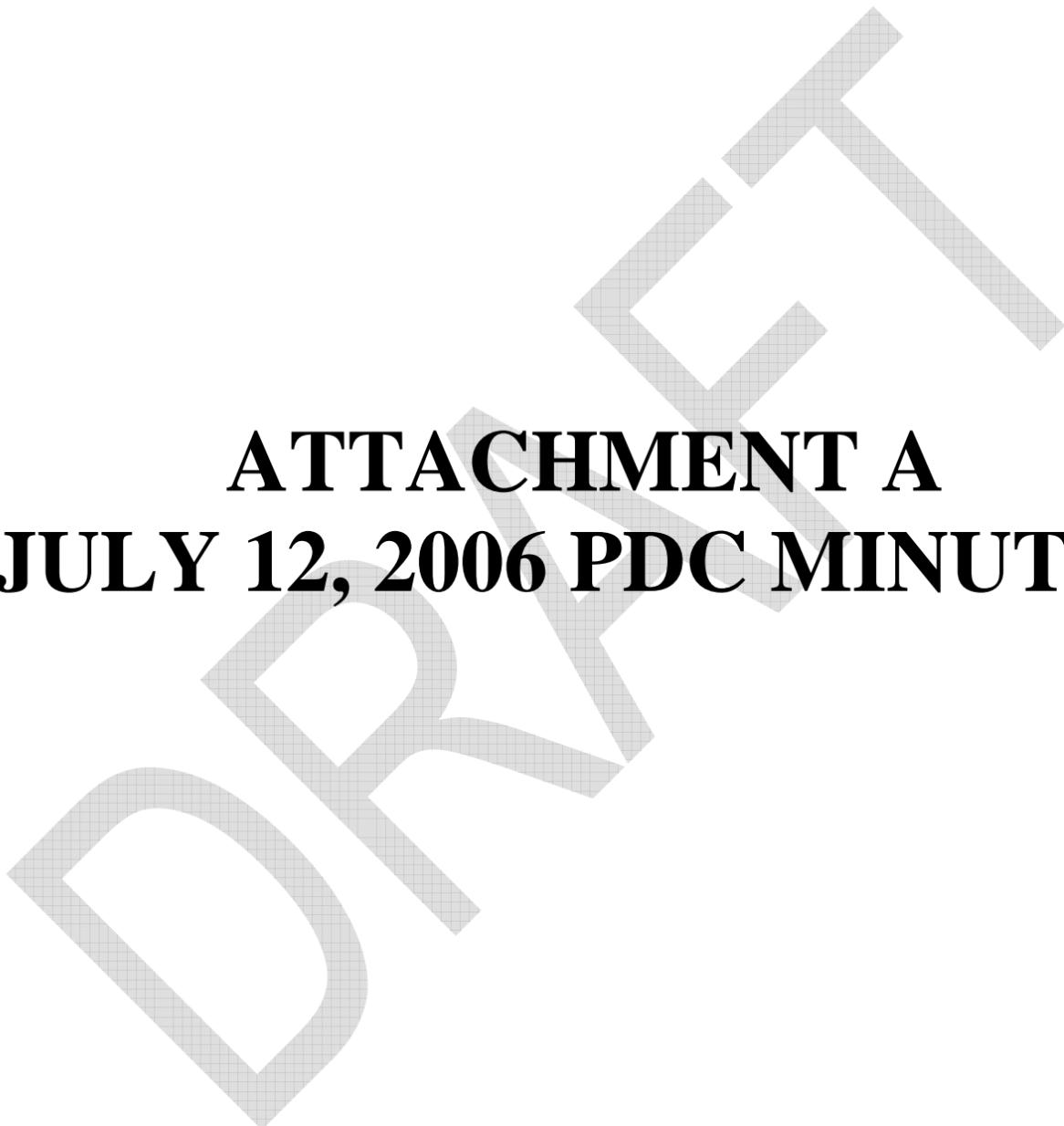
Professional Development Committee
Wednesday, October 11, 2006
The Place at Innsbrook
10:30 AM
Agenda

- I. Welcome
- II. Introductions
- III. Approval of Minutes from July 12, 2006
- IV. Reports of Committee Members
 - a. Officer Reports
 - b. Reports of Committee Members
 - c. Office of EMS
 - i. Division of Educational Development-Warren
 - 1. Staff
 - 2. Regulatory Updates
 - ii. ALS Training Specialist-Tom
 - 1. NREMT Computer Testing
 - iii. BLS Training Specialist-Greg
 - 1. EMS Instructor Updates
 - 2. EMS Instructor Institute
 - 3. Survey of Providers
 - iv. Funding and Accreditation-Chad
 - 1. ALSTF
 - 2. BLS
 - 3. Accreditation Update
 - 4. OEMS/VD FP Bookstore Survey
- V. Reports of Pilot Programs
 - a. SVCC Video Streaming Pilot-Ricky Lyles
 - b. Competency Based EMT-B Program Pilot
 - i. Prince William County- Lt. Thomas Jarman
 - ii. Roanoke Valley Regional Fire Training Center-Dave Hoback
 - iii. JSRCC-Hanover County- B. Chief Wayne Woo
 - iv. JSRCC-Henrico Fire- Asst. Chief Rick McClure
 - v. TCC- Lorna Ramsey
- VI. Ad Hoc Committee Reports
 - a. ALS Training Funds Advisory Committee-Chad Blosser
 - b. Intermediate Curriculum Review-Tom Nevetral
 - c. BLS Curriculum Review – Linda Johnson-Chair
 - d. EMS Instructor Credentialing – Nick Kleminko-Chair
 - e. BLS Certification Test Committee-Jeff Reynolds-Chair
 - f. BLS Certification Evaluators Committee-Linda Johnson-Chair

(over)

- VII. Previous Agenda Items
 - a. Survey of Providers at Test Sites
- VIII. Agenda Items
 - a. Request from Regional Council Executive Group
 - b. ODEMSA Pilot Request
 - c. BLS (AED) Practical Concerns-Linda Johnson
 - d. PDC Member-at-Large Position-Linda Johnson
- IX. Public Comment
- X. Dates for 2007 Meetings
 - a. January 10, 2007
 - b. April 11, 2007
 - c. July 11, 2007
 - d. October 10, 2007
- XI. Adjourn

DRAFT



ATTACHMENT A
JULY 12, 2006 PDC MINUTES

Professional Development Committee
The Place at Innsbrook, Richmond, Virginia
July 12, 2006
10:30 a.m.

Members Present:	Members Absent:	Staff:	Others:
James R. Dudley, MD, MBA Kathy Eubank Billy Altman Linda Johnson Nick Klimenko Jeff Reynolds Holly Frost Dave Cullen Randy Abernathy	Donna Helmick	Gary Brown Scott Winston Michael Berg Warren Short Tom Nevetral Greg Neiman	Ray George Bobby Baker Marcia Pescitani Deborah T. Akers Jenni-Meade Cochran Matt Dix Heidi Hooker Helen Nelson Diane Hutchinson John Cooke

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting began at 10:30am	
II. Introductions	The Committee Members and Gallery introduced themselves	
III. Approval of Minutes from April 12, 2006	(ATTACHMENT A)	Motion by: Billy Altman To accept the minutes as presented. Seconded: Dave Cullen VOTE: Unanimous MOTION PASSES
IV. Committee Membership	Warren reported that the VAVRS had reappointed Kathy Eubank to represent their organization on the Professional Development Committee	

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V. Reports of Committee Members		
	a. Officer Reports: None	
	b. Reports of Committee Members: None	
	c. Office of EMS Reports i. DED 1. Staff a./b. Warren Short reported that the Office is still in the process of hiring the Certification Test Coordinator and Training Fund Assistant positions. 2. The Training Program Administrative Manual has been converted into the Regulation Format and has been forwarded to Michael Berg to be added to the next set of Regulations 3. The Office regrets to announce that Chad Blosser has submitted his resignation. He is moving to Department of General Services working with Training on the eVA system. He took the concepts of ALS Training Funds to the next level and implemented them; along with helping to create the Virginia accreditation process. We will miss him in the Office. Site visits will continue and any self-studies that are submitted will continue to be processed. How quickly Chad's replacement will be on board will depend on how the request moves through HR and how many applicants the Office receives.	
	ii. ALS Training Specialist-Tom Nevetral 1. NREMT Computer Based Testing (CBT) There has been no response from the Registry regarding the request of TCC as to whether they would be a Pearson Vue Test Site for NREMT CBT. Warren will be attending a NREMT Roll-out July 31 through August 1 st in Atlanta in which the CD on CBT will be presented. When he returns the Office should have more answers about the process.	
	iii. BLS Training Specialist 1. EMS Instructor Update is scheduled for Saturday, July 15 th in the BREMS Council in Lynchburg. The May Update was in the Southwest Council, and the June Update was held in conjunction with the VAVRS Rescue College in Blacksburg for the WVEMS Council. 2. The EMS Instructor Institute was held also in conjunction with Rescue College in Blacksburg, June 10-14 th . Twenty (20) Candidates attended, 19 received Full Instructor Certification, 1 received Conditional Instructor Certification. Their names and Regional Council will be posted on the OEMS website. The Office will keep track of their performance going forward.. The current deadline for Candidate to qualify for the next Instructor Institute is July 15 th , 2006. The Instructor Practical will be held August 19 th in the REMS Council. 60+ providers are currently eligible to attend.	

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	<p>The next EMT Instructor Institute is Scheduled for October 14th-18th in the Loudoun County Area.</p> <p>Randy Abernathy asked what a Conditional Instructor Certification meant. Mr. Neiman stated that they were required to teach 50 hours under a current EMT Instructor and be evaluated by that Instructor and the Students. The successful Conditional Instructor would then be granted Full Instructor Status.</p> <p>Mr. Abernathy asked if there had ever been given any consideration into requiring all new Instructors to co-teach. Mr. Short responded that it was considered and encouraged but some new instructors went back to areas that didn't have any instructors and that it was difficult to implement across the board.</p> <p>Linda Johnson asked if we could track outcomes on these new instructors over the next two years to see if we recognize any trends and may gain information which can be put into the Institute. Mr. Neiman stated that was something the Instructor Credentialing Committee would look at also.</p> <p>Dr. Dudley stated that the Committee would like to see data on the most recent EMT Instructors as they move forward. Mr. Neiman replied that he would track it and bring it back to the Committee.</p> <p>Mr. Abernathy asked if we had mechanisms in place to report back from those classes to the Office. Mr. Short replied that in the past it was included in Contracts and the Councils have gone out unannounced to sit in on classes, but the Office has never received a bad report. Michael Berg reported that some complaints have been received but there are no regulations that could be enforced based on the specific complaints, i.e. not using PowerPoint.</p> <p>There was discussion about the Instructor Credentialing Committee and setting the goals of all of the ad-hoc sub committee. The OEMS will write up the Charge for each sub-committee, with approval of the PDC it will be sent from the Chairman, Dr. Dudley, to each Chair. Dave Cullen requested that the PDC receives draft minutes/progress reports regularly from the committee.</p> <p>Mr. Abernathy brought up the Institutes of Medicine (IOM) Report on EMS. Dr. Dudley felt it was important that each committee member download and read the report. Mr. Short stated the Office would look into supplying copies to the committee. The report can be read online at www.iom.edu. (http://www.iom.edu/CMS/3809/16107/35010.aspx)</p>	

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	<p>3. BLS AED</p> <p>Mr. Neiman distributed a copy of a memo (ATTACHMENT B) that went out to all EMT Instructors in the State regarding the changes that would be implemented in the BLS (AED) Practical Station. Students must respond to the voice prompts as presented by the AED. These changes were implemented to allow for students trained under either Guidelines to test without penalty and reflects what a provider will face in the real world until all AED's are upgraded to the 2005 Guidelines.</p> <p>There was discussion about whether the Office considered stopping the testing of the AED Station until everyone has the new AED's and has been trained to the new Guidelines. It was felt that once it was stopped it would never be tested again. The statements attributed to the AHA came from the AHA website in their Frequently Asked Question Section. It was felt that the Office needed to send another memo making it clear that students should specifically follow the voice prompts of the AED and a statement that is read to the students before they go test. Also, the use of this station will be reviewed by the Practical Testing Committee.</p> <p>4. Course Student Disposition Report (CSDR) (ATTACHMENT C)</p> <p>Mr. Neiman reported that for the last two-years, at EMS Instructor Updates, EMT-B Instructors have been advised that the use of the CSDR would become mandatory July 1, 2006. As the deadline approached, Instructors reported not receiving this information. As a result the deadline was moved to August 1, 2006 to allow everyone to receive word of mandatory implementation. Use of the CSDR has been mandatory for ALS Programs for the last 3 years, this change affects BLS programs. The Letter of Test Eligibility will be required at all State and National Registry Test Sites after August 1, 2006. A change to the CSDR Webpage now allows Instructors to mark their students as passed and print the Test Eligibility Letter right from the web. A self-running PowerPoint Program has been distributed on CD to all EMT-Instructors and ALS Coordinators explaining the process on how to use the CSDR and print the letters. In addition, access to the CSDR has been allowed as soon as your course enrollment is processed so instructors can mark students as withdrawn or failed as they leave the course. The ability to mark students as passed will not be available until 2 weeks before the Course's published end date. Once a student is passed, a letter will be generated from the Office. If the test site is scheduled before the letters will arrive in the mail from the Office, the Instructor can go ahead and print the letter immediately and submit it according to the Consolidated Test Site Requirements. The Test Eligibility only replaces the requirement that the Instructor Sign the back of the BLUE Test Application and bubble in the Course Number, not any of the other documentation.</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>A Test Eligibility Letter which is generated by completion of the CSDR online will be required for ALL candidates at both state and National Registry Test Sites after August 1, 2006.</p> <p>National Registry Test Site Coordinators should know that any out of state candidates need to contact Tom Nevetral to receive their eligibility letter and to bring all previous test reports from the National Registry.</p> <p>The only letters instructors need to worry about are the Initial Letters, all other letters will be generated automatically and sent to the student by the Office or NREMT.</p>	
	<p>iv. Funding and Accreditation</p> <ol style="list-style-type: none"> 1. The Office is continuing the ALSTF process as Chad leaves. The 2007 Applications are on the web. All programs must use the 2007 Contracts, if a 2006 contract is received it will be returned. 2. The contracts have been consolidated and include EMT's in the basic auxiliary programs such as PHTLS-Basic or ITLS-Basic. Must be announced as a Basic course, cannot announce an ALS course and include EMT-Basics and receive funding. 3. Accreditation Update-3 site visits have been completed in the last month; Rappahannock Community College, Norfolk, and Southside Virginia Rescue Squad, South Hill received Conditional Accreditation, 1st Volunteer Rescue Squad to go through the process. Patrick Henry Community College site visit is scheduled for the week of July 17, 2006. <p>Discussion: Questions were raised concerning whether the process of Accreditation is being looked at and whether there was a committee to look at that issue. Also a question was raised regarding the status of other programs and Mr. Short advised the process is continuing. Virginia is so far ahead of the rest of the country in regards to accreditation and education standards as addressed in the IOM report Accreditations update. The committee would like to thank Chad Blosser for his work on the accreditation process and requested the Chairman send a letter on behalf of the PDC acknowledging his work.</p>	
	BREAK FOR LUNCH at 11:45pm	
	PDC Committee Reconvened at 12:12pm	
	<p>v. Regulation and Compliance-Michael Berg</p> <ol style="list-style-type: none"> 1. There was no change in money coming to the Office as a result of the State Budget although \$1.4 million that usually comes off the top of the money allocated to the Office and goes to the State Police is now coming out of RSAF Funds. 	

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	<p>2. New Positions in the Office that are being advertised: HMERT Coordinator Admin 3 Administrative Support for Trauma Registry/Emergency Ops Accountant Position Emergency Planner</p> <p>3. Regulations: Regulation and Policy Committee timeline. As a courtesy, Mr. Berg would like to have a DRAFT of the next version of the Regulations in the hands of the EMS Advisory Board before the November Meeting for their approval. A sub-group is working on crafting new regulations to address legislation that passed and became effective July 1, 2006; Need to write regulations to address the law which allows providers affiliated with an agency, and with agency and OMD approval, to carry Oxygen in their personal vehicles.</p> <p>Will draft an informational memo to go to all Regional Councils and Agencies informing them that effective immediately Nurse Practitioners (NP) and Physician Assistants (PA) can sign as Practitioners on the Call Reports. Will meet with Board of Pharmacy to ensure both sets of regulations reflect this change.</p> <p>Board of Pharmacy agreed that if EMS providers are working under agency or Regional Council protocols when they administer medications or treatments, they can merely check the box next to “STANDING ORDERS” and will not need to obtain a signature <i>unless</i> the provider has called and received Orders from On-Line Medical Control. Must write regulations to address this change, not in effect now.</p> <p>MEDEVAC regulations are still in the AG’s Office. Training’s DRAFT Regulations have been received. Regional Council Regulation have been signed by the Executive Branch. Must now go through 60 day review process. If no comments are received, then they will go back to Board of Health for final approval. OMD regulations are still being worked on. Once the DRAFT of all of the regulations has been approved by the committee they will be printed and go to the Advisory Board. After that they will go through the 18 month Notice Of Intended Regulatory Action (NOIRA) process</p>	
VI. Ad-hoc Committee Reports	<p>a. Update from SVCC Pilot Program Mr. Neiman read a report from Ricky Lyles. “Had 12 students enrolled, 1 was already certified as an EMT, of the remaining 11, 7 chose to test for certification. They will test on July 20th, 2006.” He did not report any technical problems stating, “the Video Broadcast worked fine and had assistants help with all of the practicals and I hope the PDC would allow the process to continue.”</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>b. ALS Training Funds Advisory Committee-No Report (Committee meets PRN)</p> <p>c. Intermediate Curriculum Review Intermediate group met May 11, 2006 after sub-committee of National Scope of Practice Impact and had concerns they would like to go to Medical Direction Committee (MDC). Have not had a second meeting waiting to coincide with the next National Scope of Practice Impact committee meeting. Concerns center on the competencies that have been in effect for a while and the committee feels we may need to make some changes.</p> <p>d. BLS Curriculum Review e. EMS Instructor Credentialing f. BLS Certification Testing g. BLS Certification Evaluators</p> <p>Mr. Neiman handed out a list of the committee members. The committees will begin meeting soon. (ATTACHMENT D)</p> <p>There was a question regarding whether the Ad-hoc committees would follow the Scope of Practice as they move forward. It was felt that MDC and Dr. Gilbert's Committee would write a paper addressing the future levels in Virginia and how it will utilize the Scope of Practice in the state.</p>	
VII. Unfinished Business	None	
VIII. New Business	<p>a. Transport Decision for 2005 Guidelines Mr. Neiman reported a number of inquiries regarding when EMT-Basics should initiate transport under the 2005 AHA Guidelines. The AHA does not address this issue. While this may fall to local protocol, the PDC should make a recommendation about when to initiate transport while performing the 2005 Guidelines.</p>	<p>Motion by: Nick Klimenko: That the PDC recommends that an EMT-Basic, using a 2005 AHA Guidelines compliant AED, initiate transport as soon as feasible after three (3) analyses by the AED, regardless of whether they receive a "Shock Indicated" or "No Shock Advised" message.</p> <p>Second by: Dave Cullen</p> <p>VOTE: Unanimous</p> <p>MOTION PASSES</p>
	<p>b. Survey of Providers at Test Sites A DRAFT of the proposed survey was passed out and reviewed. (ATTACHMENT E) The committee discussed the proposed questions and make-up of the answers. The committee felt the survey should be divided into two, one for BLS and one for ALS The committee decided to send recommendations to Mr. Neiman via e-mail by the end of July and once the changes have been made, the revised version would be e-mailed back to the committee for approval. There was a lot of discussion on how and when to administer the survey including before, during or after state testing; scantron, e-mail or online. Item will be deferred until the next meeting.</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>c. DRAFT Guidelines for Video Broadcasting of EMS Educational Programs A revised DRAFT of the Guidelines for EMT-Basic Delivery via Video Streaming was distributed to the Committee. (ATTACHMENT F) There was discussion about items on the list, how courses should be announced, ensuring compliance with Regulations, VCCS boundaries and Regional Council requirements.</p>	<p>Motion by: Billy Altman To adopt the Guidelines as presented with the changes to #3 adding “where applicable” to the end of the sentence and striking the second half of the sentence in #6, after the parenthesis and replacing it with the statement “the class must be made up at a later date either in person or another video broadcast.” Seconded by: Linda Johnson</p> <p>VOTE: 6 to 2</p> <p>OPPOSED: Jeff Reynolds, Nick Klimenko Jeff: Not opposed to the concept can be done without some of the language in the document. Nick: By citing Regional Councils in the document, it gives them regulatory oversight of training in the state.</p> <p>MOTION PASSES</p>
	<p>d. Dates of the 2007 PDC Meetings</p> <p>2007: January 10, 2007, April 11, 2007, July 11, 2007, October 10, 2007</p>	<p>Motion By: Billy Altman The Professional Development Committee will meet the second Wednesday of the first month of the quarter going forward.</p> <p>Seconded by: Nick Klimenko</p> <p>VOTE: Unanimous</p> <p>MOTION PASSES</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>e. Request from the Finance, Legislative and Planning (FLaP) Committee Greg Neiman read a request from Gary Dalton and the FLaP Committee in which they are requesting that any information regarding EMS Issues that will be introduced at the Virginia General Assembly during the upcoming session and any issues or proposed changes to Virginia Law that will affect EMS and that need to be addressed and/or introduced at the Virginia General Assembly during the upcoming session be forwarded to them as soon as possible.</p>	
	<p>f. A letter was received from 4 programs requesting permission to PILOT Competency Based EMT-Basic Programs utilizing the standards and guidelines which had previously been presented to the BLS Accreditation Committee. (ATTACHMENT G)</p> <p>There was a large amount of discussion about this issue, from committee members as well as the Gallery. Concerns centered around the timing of the item, whether this was an attempt at accreditation from another angle and the need for PILOT Programs to explore new ways of doing EMS Education.</p>	<p>Motion by: Nick Klimenko That all currently accredited ALS programs be allowed to participate in the Competency Based EMT-Basic Pilot programs under these guidelines and report back to the OEMS which would report back to the committee the outcomes of those programs.</p> <p>Second: Jeff Reynolds</p> <p>VOTE: AYE:None NAY: Unanimous</p> <p>MOTION FAILS</p>
	<p>Discussion on the issues continued. Bobby Baker stated he did not know that the letter was coming to the committee but supports the concept of a competency based EMT-B program.</p>	<p>Motion by: Dave Cullen To delay consideration of this issue until the next meeting</p> <p>Seconded by: Kathy Eubank</p> <p>VOTE: AYE:4 NAY: 4 Chairman: NAY</p> <p>MOTION FAILS</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>Discussion continued on this issue.</p>	<p>Motion by: Dave Cullen That we recommend that the Office approve up to 4 programs (Prince William County Paramedic Program, J. Sargeant Reynolds Community College-Hanover Fire and EMS, Tidewater Community College-Virginia Beach Campus, Roanoke Valley Regional Fire Training Center to pilot competency-based EMT-Basic classes under the guidelines approved by the PDC Committee and the Office of EMS.</p> <p>Seconded by: Randy Abernathy</p> <p>Friendly Amendment proposed by Jeff Reynolds: with the option for other ALS Accredited Programs to approach this committee and the Office for permission to join the Pilot after one (1) year.</p> <p>Accepted by Dave Cullen</p> <p>Motion Reads: That we recommend the Office approve these 4 programs (Prince William County Paramedic Program, J. Sargeant Reynolds Community College-Hanover Fire and EMS, Tidewater Community College-Virginia Beach Campus, Roanoke Valley Regional Fire Training Center to pilot competency-based EMT-Basic classes under the guidelines approved by the PDC Committee</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
		<p>and the Office of EMS with the option for other ALS Accredited Programs to approach this committee and the Office for permission to join the Pilot after one (1) year.</p> <p>VOTE: Aye: 7 Nay 1</p> <p>MOTION CARRIES</p>
	Warren Short proposed that any programs that PILOT under this decision must come back and report on their progress at each PDC meeting. The committee agreed. Dr. Dudley stated he felt a small group should oversee the Pilots.	
		<p>Motion by: Holly Frost To discuss the list of guidelines presented by the Office</p> <p>Second by: Kathy Eubank</p> <p>VOTE: Unanimous</p> <p>MOTION CARRIES</p>
	The committee reviewed the DRAFT guidelines document and made changes (ATTACHMENT H)	<p>Motion by: Holly Frost To accept the guidelines as amended.</p> <p>Seconded by: Kathy Eubank</p> <p>VOTE: Unanimous</p> <p>MOTION CARRIES</p>
	Dave Cullen commented that the letter being submitted 2.5 hours before the meeting was inappropriate	
	Dr. Dudley stated that going forward changes to the PDC agenda should be submitted no later than 1 week in advance.	
IX. PUBLIC COMMENT		
X. Adjournment	Meeting adjourned at 1442	

Professional Development Committee
Wednesday, July 12, 2006
The Place at Innsbrook
10:30 AM
Agenda

- I. Welcome
- II. Introductions
- III. Approval of Minutes from April 12, 2006
- IV. Committee Membership-Warren
- V. Reports of Committee Members
 - a. Officer Reports
 - b. Reports of Committee Members
 - c. Office of EMS
 - i. Division of Educational Development-Warren
 - 1. Staff
 - a. Certification Test Coordinator
 - b. Training Fund Assistant
 - 2. Regulatory Updates
 - ii. ALS Training Specialist-Tom
 - 1. NREMT Computer Testing
 - iii. BLS Training Specialist-Greg
 - 1. EMS Instructor Updates
 - 2. EMS Instructor Institute
 - 3. Changes to BLS (AED) Station
 - 4. CSDR Implementation
 - iv. Funding and Accreditation-Chad
 - 1. ALSTF
 - 2. BLS
 - 3. Accreditation Update
- VI. Ad Hoc Committee Reports
 - a. ALS Training Funds Advisory Committee-Chad Blosser
 - b. Intermediate Curriculum Review-Tom Nevetral
 - c. BLS Curriculum Review – Linda Johnson-Chair
 - d. EMS Instructor Credentialing – Nick Kleminko-Chair
 - e. BLS Certification Test Committee-Jeff Reynolds-Chair
 - f. BLS Certification Evaluators Committee-Linda Johnson-Chair
- VII. Unfinished Business
- VIII. New Business
 - a. Transport Decision for 2005 AHA Guidelines-Greg Neiman
 - b. Survey of Providers at Tests Sites

- c. Guidelines for EMT-Basic Delivery via Video Streaming
 - d. FLaP Request
 - e. Dates of 2007 PDC Meetings
- IX. Public Comment
- X. Dates for 2006 meetings
 - ~~a. January 11, 2006~~
 - ~~b. April 12, 2006~~
 - c. July 12, 2006
 - d. October 11, 2006
- XI. Adjourn



ATTACHMENT B
DRAFT-REVISED SURVEY

The Office of EMS is conducting a survey of candidates who have just completed an initial (basic) program leading to a new level of certification. This survey is intended to assist ad hoc committees of the Professional Development and Medical Direction Committees investigate methods to improve EMS education. The Committee members and the Office of EMS appreciate you taking time to complete this survey. Your participation is voluntary. Your responses will remain anonymous.

Please do not mark on this survey. Place your answers on the answer sheet provided to you with this survey. Be sure your response to an item is in the row numbered the same as the item you are responding too.

- 1) At what level of certification are you testing?
 - A. First Responder
 - B. EMT
 - C. Enhanced
 - D. Intermediate
 - E. Paramedic
- 2) How long have you been in EMS?
 - A. I am not in EMS
 - B. 0-5 years
 - C. 6-10 years
 - D. 10-15 years
 - E. ≥ 16 years
- 3) Gender
 - A. Female
 - B. Male
- 4) Do you know who the course coordinator for your EMS educational program was?
 - A. Yes
 - B. No
- 5) Do you know who the physician course director for your program was?
 - A. Yes
 - B. No
- 6) Approximately how many times did you meet the programs physician course director?
 - A. 0 (not at all)
 - B. 1 – 2 times
 - C. 3 – 4 times
 - D. 5 – 6 times
 - E. ≥ 7 times

Why would they meet PMD more than once? Why is this is a requirement?-Holly

- 7) Did your program's coordinator teach the entire LECTURE portion alone or did the coordinator have assistants?
- A. Taught the lecture portion of the program alone (by themselves)
 - B. The coordinator had assistants for the LECTURE portion of this program.

- 8) What percentage of your program would you estimate that instructors for the lecture aspects of the program were absent.

- A. 0% - 10%
- B. 11% - 25%
- C. 26% - 50%
- D. 51% - 75%
- E. $\geq 76\%$

I am very concerned that we're asking about potentially $>76\%$ absenteeism from instructors. Might be better with yes/no question first, then add number of sessions, rather than percentage of total class.-Holly

- 9) Your instructors were on time for the lecture aspect of the program what percentage of the time?

- A. 0% - 10%
- B. 11% - 25%
- C. 26% - 50%
- D. 51% - 75%
- E. $\geq 76\%$

- 10) Estimate the number of lab sessions (practical skills sessions) the coordinator conducted for the program

- A. 0 - 5
- B. 6 - 10
- C. 11 - 15
- D. 16 - 20
- E. ≥ 21

As an ALS coordinator/program director this question really concerns me, as it gives the student the impression that I must be bad at my job if I never conducted their lab sessions. If I'm an effective coordinator/director, I supervise their instructors, and not necessarily teach ANY of their class.-Holly

- 11) During your lab sessions (practical skills sessions) how many students were assigned to an instructor?

- A. 1 - 6 students per instructor
- B. 7 - 12 students per instructor
- C. 13 - 18 students per instructor
- D. 19 - 24 students per instructor
- E. ≥ 25 students per instructor

Should add "what is the approximate average group size" as each session may vary a bit-Holly

- 12) What percentage of your program would you estimate that instructors for the lab aspects(practical skills sessions) of the program were absent.

- A. 0% - 10%
- B. 11% - 25%
- C. 26% - 50%
- D. 51% - 75%
- E. $\geq 76\%$

I am very concerned that we're asking about potentially $>76\%$ absenteeism from instructors. Might be better with yes/no question first, then add number of sessions, rather than percentage of total class.-Holly

13) Your instructors were on time for the practical aspect of the program what percentage of the time?

- A. 0% - 10%
- B. 11% - 25%
- C. 26% - 50%
- D. 51% - 75%
- E. $\geq 76\%$

For EMT Candidates, did you get to actually **practice** the following (not just watch but actually participate). ALS candidates skip to Question 41.

14) Setting up and administering oxygen using a non-rebreathing mask

- A. Yes
- B. No

15) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10
- E. ≥ 11

16) Setting up and administering oxygen using a nasal cannula

- A. Yes
- B. No

17) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10
- E. ≥ 11

18) Inserting an oro-pharyngeal airway into an airway manikin

- A. Yes
- B. No

19) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10

E. ≥ 11

20) Using a Bag Valve Mask and delivering ventilations to an airway manikin

- A. Yes
- B. No

21) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10
- E. ≥ 11

22) Applying and securing a person to a backboard and applying a cervical collar.

- A. Yes
- B. No

23) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10
- E. ≥ 11

24) Applying and securing a person to a short spinal immobilization device.

- A. Yes
- B. No

Add "KED or similar device)" in parentheses after "short spinal immobilization device."-Holly

25) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10
- E. ≥ 11

26) Applying rigid board splints to an extremity.

- A. Yes
- B. No

27) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10

E. ≥ 11

28) Applying a traction splint.

- A. Yes
- B. No

29) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10
- E. ≥ 11

30) Using an epi-pen.

- A. Yes
- B. No

31) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10
- E. ≥ 11

32) Administering NTG (simulated)

- A. Yes
- B. No

Spell out nitroglycerin.-Holly

33) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10
- E. ≥ 11

34) Administering and using a training metered dose inhaler.

- A. Yes
- B. No

35) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10

E. ≥ 11

36) Practice performing a medical assessment.

- A. Yes
- B. No

37) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10
- E. ≥ 11

38) Practice performing a trauma assessment.

- A. Yes
- B. No

39) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10
- E. ≥ 11

40) Do you believe the program was too long.

- A. Yes
- B. No

Should be: Do you believe the program was: a. Too short. b. Too long. c. About right length. -Holly

This ends the survey for EMT candidates. Thank you for taking time to complete this survey. ALS Providers are asked to complete the following questions.

For ALS Candidates, did you get to actually **practice** the following (not just watch but actually participate).

41) Inserting a multilumen airway into an airway manikin

- A. Yes
- B. No

Give examples of various multilumen airways.-Holly

42) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10

E. ≥ 11

43) Using a Bag Valve Mask and delivering ventilations to an airway manikin

- A. Yes
- B. No

44) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10
- E. ≥ 11

45) Setting up, inserting and evaluating for placement an endotracheal tube.

- A. Yes
- B. No

46) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10
- E. ≥ 11

47) Applying and securing an intravenous line on a manikin.

- A. Yes
- B. No

48) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10
- E. ≥ 11

49) Administering medication in a lab setting (not clinical).

- A. Yes
- B. No

50) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10

E. ≥ 11

51) Applying and securing an ECG monitor.

- A. Yes
- B. No

52) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10
- E. ≥ 11

53) Applying and using a defibrillator.

- A. Yes
- B. No

54) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10
- E. ≥ 11

55) Interpreting ECG rhythm strips.

- A. Yes
- B. No

56) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10
- E. ≥ 11

57) Practice performing a medical assessment.

- A. Yes
- B. No

58) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10

E. ≥ 11

59) Practice performing a trauma assessment.

- A. Yes
- B. No

60) Approximately how many times:

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10
- E. ≥ 11

The following pertain to your clinical experience (both hospital and field)

61) Were you given information in class about how the clinical aspect of the program would be conducted?

- A. Yes
- B. No

62) Were you able to actually participate in patient care during your clinical experience?

- A. Yes
- B. No

63) Did your preceptor on the ambulance allow you to perform ALS skills?

- A. Yes
- B. No

64) Did your preceptors on the ambulance critique your field performance?

- A. Yes
- B. No

65) Do you believe the program was too long.

- A. Yes
- B. No

Should be: Do you believe the program was: a. Too short. b. Too long. c. About right length. -Holly

ATTACHMENT C
SVCC REPORT – VIDEO STREAMING
PILOT

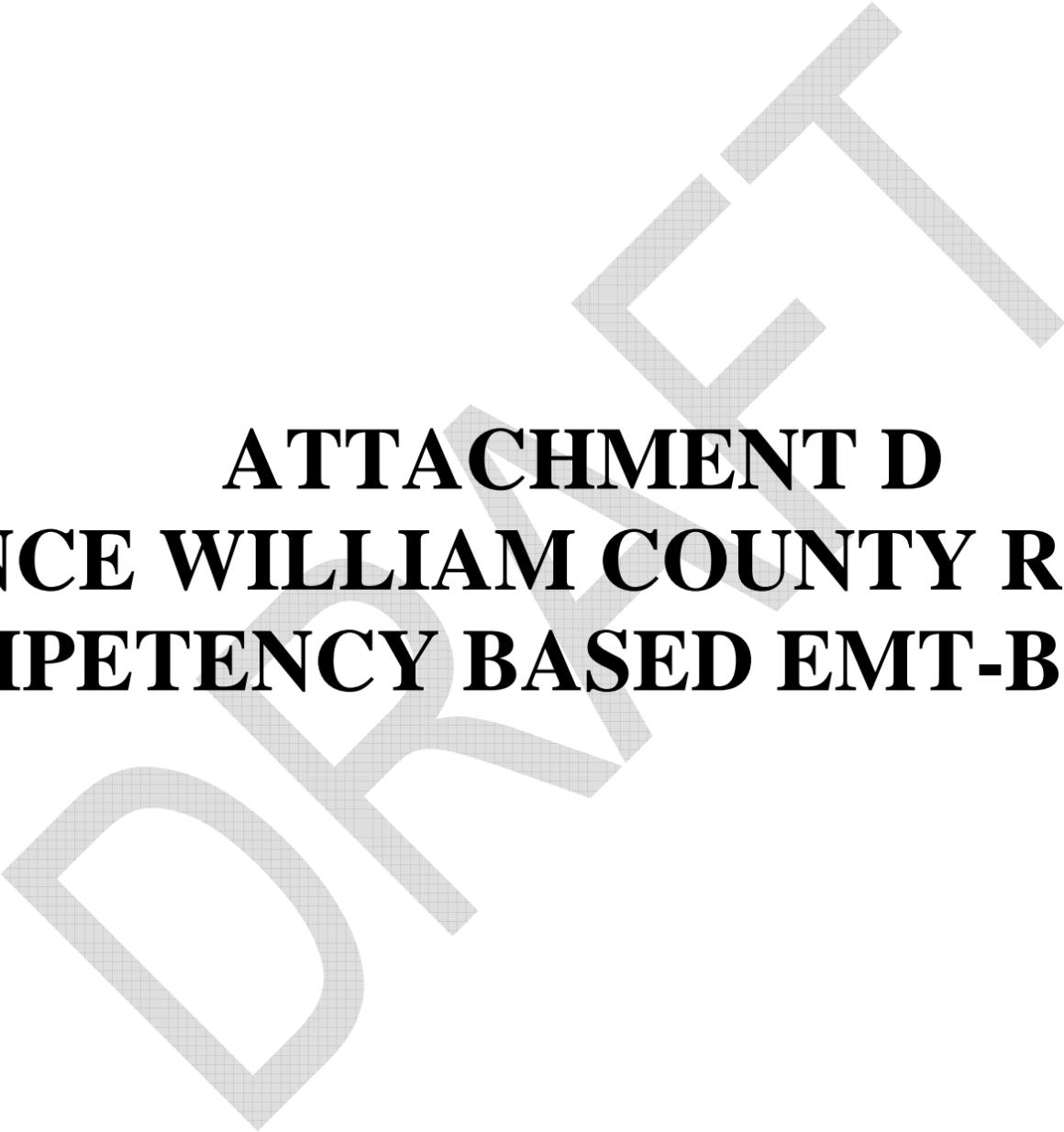
From: Ricky Lyles [mailto:svlyler@em.sv.vccs.edu]
Sent: Saturday, September 16, 2006 11:55 AM
To: Gregory Neiman
Subject: RE: PDC Meeting

Greg, thanks for the note, I have 3 classes that day. I will try to make arrangements with my classes to attend, if unable here is some information for the PDC.

1. 12 students enrolled in class.
2. One student was already an EMT, out of the other 11, 7 wished to go for certification testing.
3. Out of the 7, 3 showed up for the July 20 testing. The other 4 were involved in preparing for college. No date as to when or if they will test.
4. The 3 that tested, 1 failed written test by 10 pts. Ok on practical, the other 2 (who were partners) have to retest one practical.
5. As for the class itself, it was a success, all students passed with 88% - 92% grade range.
6. The only recommendation, and this is for any high school class whether pilot or conventional, is to keep urging the kids to complete state certification testing.

Mecklenburg County Schools did not have enough students to enroll for the class to make this school year. The school system change some of their classes around (fall to spring and so forth). I think this was the reason for the decline this year. This is a good way to conduct these classes were instructors are limited. I urge the PDC to adopt this format as an option for the Commonwealth.

Ricky Lyles
Instructor for Fire Science &
Emergency Medical Technology
Southside Virginia Community College
109 Campus Drive, Alberta, Va. 23821
Office 949-1084 / Cell (434) 321- 3333
Ricky.Lyles@sv.vccs.edu



ATTACHMENT D
PRINCE WILLIAM COUNTY REPORT
COMPETENCY BASED EMT-B PILOT



My Surveys > Manage Survey

BLS Pilot Program Report 9-27-06

Edit & Review

Invite & Deploy

Analyze Results

Results

Individual Responses

Raw Data Export

Individual Responses

You may page through each respondent's answers by clicking the arrow buttons below, or to view a specific respondent's answers, type in a number and click Go. To exclude a respondent from all reports, click Exclude This Response. [Learn More](#)

Options

Show Responses:

Included (3 responses)

☐ Show respondent email addresses

☐ Exclude all blank responses [Learn More](#)

|< < 3 / 3 > >| 3 GO

Completion Time: Sep 28, 2006 12:42PM

[Exclude This Response](#)

Image

The Office of EMS and the EMS Advisory Board's Professional Development Committee appreciate your willingness to assist in piloting the competency based EMT Basic programs. We realize you are providing additional time to investigate potential improvements in EMS. The following survey will assist with collecting data from the pilot programs in a consistent and reliable manner. Please contact Greg Neiman, Chad Blosser or Warren Short with questions or problems completing this survey.

.

.

Thank You
Office of EMS, Division of Educational Development
Professional Development Committee

1. Please select the name of the institution for which you are submitting a report.

Prince William County Paramedic Program

2. This is my _____ program using the initial pilot program standards?

First

3. Has this program ended?

Yes

4. Please complete the following information about the program on which you are reporting:

Beginning Enrollment

15

How many passed the program?

14

How many failed the program?

0

How many remain incomplete?

0

How many withdrew during the program?

1

5. Please complete the following information about the certification testing for the program on which you are reporting:

How many passed the state certification examination on the first attempt?

14

How many passed on subsequent attempts?

0

How did your pass rate for the state certification exam for the pilot program compare to previous programs that you coordinated?

The exact same 100% pass rate

6. Please complete the following information about the number of hours it took to complete these various aspects of the program on which you are reporting:

How many didactic hours?

58.00

How many lab hours?

83.25

How many clinical hours?

20

Total Number of Hours?

161.25

7. Do you feel the introduction of competencies increased the overall length of your class?

No

Image

8. The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.

demonstrate PPE (2)

N/A

disinfect/clean equipment/ambulance. (2)

1

comply with an infectious exposure (2)

1

ability to assess for breathing difficulty.(5)

N/A

ability to acquire a pulse (10)

N/A

ability to assess the skin in an adult.(10)

5

ability to assess capillary refill in infants and children (2) N/A
ability to assess the pupils (10) 5
ability to obtain a blood pressure.(10) N/A
ability to obtain a sample history.(10) 5
Wheeled ambulance stretcher (2) N/A
Stair chair (2) N/A
Long spine board (2) N/A
Transfer from an ambulance stretcher to a hospital stretcher (1) N/A

9. Are there any competencies in this module that should be added?

Most are adequate.

10. Are there any competencies in this module that should be removed?

Some requirements need to be done to a lesser degree, but not removed.

Image

11. The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.

ability to perform a chin-lift during an airway scenario. (5)

2

ability to perform a jaw thrust during an airway scenario.(5)

2

ability to perform suctioning during an airway scenario.(5)

2

ability to provide mouth to mouth ventilation using BSI.(5)

N/A

a pocket mask to artificially ventilate a patient. (5)

2

ability during an airway scenario using a BVM.(5)

N/A

artificially ventilating a patient with a bag-valve-mask for 1 and 2 rescuers(5)

N/A

ability to ventilate using a BVM for 1 minute (5)

N/A

ventilating with a flow restricted, oxygen powered ventilation device.(2)

N/A

artificially ventilate a patient with a stoma. (3) 2
insert an oropharyngeal (oral) airway.(5) N/A
insert a nasopharyngeal (nasal) airway. (5) N/A
operation of oxygen tanks and regulators. (5) N/A
use of a nonrebreather face mask (5) N/A
use of a nasal cannula (5) N/A
artificially ventilate the infant and child patient. (5) 2
oxygen administration for the infant and child patient. (5) 2

12. Are there any competencies in this module that should be added?
No.

13. Are there any competencies in this module that should be removed?
Yes. Mouth to mouth ventilations should be removed. It is covered in CPR and does not reflect current practices.

Image

14. The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
While reviewing presentation of scenes, identify potential hazards (5) N/A
techniques for assessing mental status. (3) N/A
techniques for assessing the airway. (3) N/A
techniques for assessing if the patient is breathing. (3) N/A
techniques for assessing if the patient has a pulse.(3) N/A
techniques for assessing the patient for external bleeding. (5) 3
techniques for assessing the patient's skin color, temperature, condition and capillary refill (infants and children only). (3) N/A
ability to prioritize patients.(3) N/A
rapid trauma assessment (5) N/A

patient assessment skills to assist a patient who is responsive with no known history.(3) 2
patient assessment skills used to assist a patient who is unresponsive or has an altered mental status.(3) N/A
performing the detailed physical exam. (3) N/A
performing the on-going assessment. (3) N/A
Perform a radio transmission. (3) 2
Perform a report given to the staff at a receiving facility.(3) 2
Perform a report given to an ALS provider (3) 2
Complete a prehospital care report. (3) N/A

15. Are there any competencies in this module that should be added?
No.

16. Are there any competencies in this module that should be removed?
No.

Image

17. The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
assisting with self administration of medications. (5) 3
Read the labels and inspect each type of medication. (5) 3
emergency medical care for breathing difficulty. (5) 3
Perform the steps in facilitating the use of an inhaler.(5) 3
care of a patient experiencing chest pain/discomfort. (5) 3
application and operation of the AED. (5) 2
maintenance of an AED. (5) 1
assessment and documentation of patient response to the AED. (5) 2
complete the Automated Defibrillator: Operator's Shift Checklist. (5) 1

Perform the steps in the use of nitroglycerin for chest pain or discomfort.(5) 3
assessment and documentation of patient response to nitroglycerin. (5) 3
prehospital care report for cardiac emergencies.(5) 3
care for the patient taking diabetic medicine with an altered mental status and a history of diabetes. (3) 2
the administration of oral glucose. (3) 2
assessment and documentation of patient response to oral glucose. (3) 2
prehospital care report for patients with diabetic emergencies.(3) 2
care of the patient experiencing an allergic reaction.(3) 2
use of epinephrine auto-injector. (3) 2
assessment and documentation of patient response to an epinephrine injection.(3) 2
proper disposal of equipment.(3) 2
a prehospital care report for patients with allergic emergencies.(3) 1
care for the patient with possible overdose.(3) 2
care of a patient with exposure to cold.(3) 1
care of a patient with exposure to heat.(3) 1
care of a near drowning patient. (3) 1
a prehospital care report for patients with environmental emergencies. (3) 1
care of the patient experiencing a behavioral emergency.(3) 1
techniques to safely restrain a patient with a behavioral problem.(2) 1
assist in the normal cephalic delivery. (0) 1
care procedures of the fetus as the head appears.(0) 1
infant neonatal procedures.(0) 1
post delivery care of infant. (0) 1
how and when to cut the umbilical cord. (0)

1
the steps in the delivery of the placenta. (0) 1
post-delivery care of the mother. (0) 1
procedures for the following abnormal deliveries: vaginal bleeding, breech birth, prolapsed cord, limb presentation. (0) 1
care of the mother with excessive bleeding.(0) 1
prehospital care report for patients with obstetrical/gynecological emergencies. (0) 1

18. Are there any competencies in this module that should be added?

No.

19. Are there any competencies in this module that should be removed?

No.

Image

20. The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.

direct pressure as a method of emergency medical care of external bleeding. applying a dressing and bandage to the: (12) [Head times 2 Shoulder times 2 Forearm time 2 Fingers times 2 Hip times 2 Calf times 2]
1

use of diffuse pressure as a method of care of external bleeding.
1

pressure points and tourniquets as a method of care of external bleeding. Demonstrate the ability to locate and apply bleeding control methods using the following pressure points: (4) A) Brachial X2 B) Femoral X2
1

care of signs and symptoms of internal bleeding.(1)
1

care of signs and symptoms of shock (hypoperfusion).
1

prehospital care report for patient with bleeding and/or shock
1

steps in the care of closed soft tissue injuries.(1)
N/A

steps in the care of open soft tissue injuries.(1)
N/A

steps in the care of a patient with an open chest wound.(2)
N/A

steps in the care of a patient with open abdominal wounds.(2) N/A
steps in the care of a patient with an impaled object.(1) N/A
steps in the care of a patient with an amputation.(1) N/A
steps in the care of an amputated part. 1
steps in the care of a patient with superficial burns.(1) N/A
steps in the care of a patient with partial thickness burns.(1) N/A
steps in the care of a patient with full thickness burns.(1) N/A
steps in the care of a patient with a chemical burn.(1) N/A
completing a prehospital care report for patients with soft tissue injuries.(1) N/A
care of a patient with a painful, swollen, deformed extremity. Demonstrate 2 times each of the following:(12)[A) Forearm B) Arm C) Clavicle D) Thigh E) Calf D) Ankle/Foot] 1
prehospital care report for patients with musculoskeletal injuries. 1

21. Are there any competencies in this module that should be added?
No.

22. Are there any competencies in this module that should be removed?
Combine burns into one package.

Image

23. The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
opening the airway in a patient with suspected spinal cord injury.(4) 2
evaluating a responsive patient with a suspected spinal cord injury.(4) 2
stabilization of the cervical spine. (4) 2
four person log roll for a suspected spinal cord injury.(2) 1
log roll a suspected spinal cord injury using two people.(2) N/A
securing a patient to a long spine board.

4
short board immobilization technique. (3) 2
procedure for rapid extrication. (1) N/A
methods for stabilization of a helmet. (2) 1
helmet removal techniques. (2) 1
alternative methods for stabilization of a helmet. 1
prehospital care report for patients with head and spinal injuries.(2) N/A
techniques of foreign body airway obstruction removal in the infant.(3) 1
techniques of foreign body airway obstruction removal in the child.(3) 1
assessment of the infant and child. (2) 1
bag-valve-mask artificial ventilations for the infant. (3) 1
bag-valve-mask artificial ventilations for the child. (3) 1
oxygen delivery for the infant and child. (3) 1
perform triage. (2) 1

24. Are there any competencies in this module that should be added?

No.

25. Are there any competencies in this module that should be removed?

No.

Image

26. The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.

participate as an attendant on no less than 3 911 ambulance responses following completion of all lab competencies. (3)
N/A

27. Are there any competencies in this module that should be added?

Language needs to be modified. Patient contacts should be used still. I agree with 911 responses, but do not limit it to ambulances. Other venues can be utilized effectively.

28. Are there any competencies in this module that should be removed?

No.

29. What percentage of Instructors were not VA Certified EMT Instructors?

80%

30. Where were your non-certified EMT Instructors utilized? (click all that apply)

Didactic

Lab

Clinical

31. Overall, what percentage of the program was instructed by non-certified EMT Instructors?

52%

32. What additional activity was needed to prepare non-certified EMT instructors for:

Didactic instruction

Preparatory alignment

Lab instruction

Skill/Competency folders with instructions

Clinical instruction

Form letter with clinical books.

33. Which of the following criteria was useful in selecting non-certified EMT Instructors: (check all that apply)

The selection process utilized in our ALS programs

Instructional Experience

Subject knowledge

34. What was the level of certification or credentials of your non-certified EMT instructors?

NREMT-P, Va. EMT-P, NREMT-I, Va. EMT-I, Va. EMT-B

35. What did you like most about this pilot program?

The flexibility for the usage of non-EMT Instructors. Better resource utilization.

36. What recommendations do you have for changes for the next round of pilot programs?

Reduction and/or combination of competencies and their documentation. This will place the learning into scenario based education and applied competencies.

37. What did not work well?

Nothing really, some finite re-engineering of the documentation process.

38. What recommendations do you have for potential implementation statewide?

Pre-education of the jurisdictions/programs to allay fears that this concept can not be done without pain and suffering. Utilizing the "lessons learned" from the Pilot Programs and capitalizing on "best practices," can only enhance performance.

39. Other comments you wish to share?

Hopefully, as stated earlier, the programs will find this concept palatable and work towards achievable results.

40. Choose one category below which best describes where your institution is located.

Suburban location

41. For your entire student body, please indicate the racial or ethnic group breakdown--please provide actual numbers, NOT percentages.

White
11

Black
1

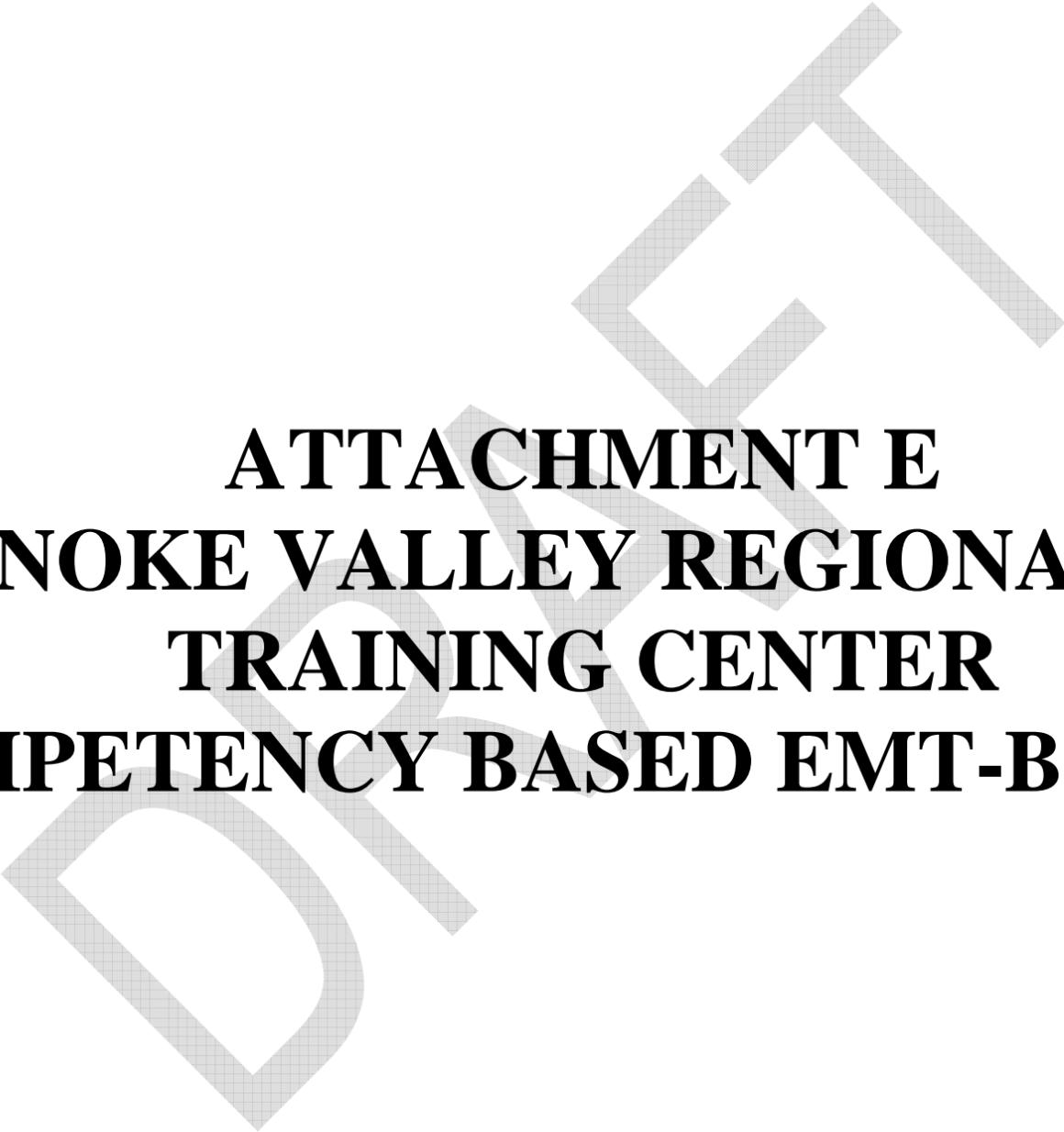
Hispanic
2

Asian American
0

American Indians
1

Thank you very much for completing the mandatory pilot program report. Your cooperation and participation is appreciated.

 |< < 3 / 3 > >| 3 GO



ATTACHMENT E
ROANOKE VALLEY REGIONAL FIRE
TRAINING CENTER
COMPETENCY BASED EMT-B PILOT



My Surveys > Manage Survey

BLS Pilot Program Report 9-27-06

[Edit & Review](#)

[Invite & Deploy](#)

[Analyze Results](#)

[Results](#)

[Individual Responses](#)

[Raw Data Export](#)

Individual Responses

You may page through each respondent's answers by clicking the arrow buttons below, or to view a specific respondent's answers, type in a number and click Go. To exclude a respondent from all reports, click Exclude This Response. [Learn More](#)

Options

Show Responses:

☒ Included (3 responses)

☐ Show respondent email addresses

☐ Exclude all blank responses [Learn More](#)

|< < 2 / 3 > >| 2 GO

Completion Time: Oct 2, 2006 9:50AM

[Exclude This Response](#)

Image

The Office of EMS and the EMS Advisory Board's Professional Development Committee appreciate your willingness to assist in piloting the competency based EMT Basic programs. We realize you are providing additional time to investigate potential improvements in EMS. The following survey will assist with collecting data from the pilot programs in a consistent and reliable manner. Please contact Greg Neiman, Chad Blosser or Warren Short with questions or problems completing this survey.

Thank You
Office of EMS, Division of Educational Development
Professional Development Committee

1. Please select the name of the institution for which you are submitting a report.

Roanoke Valley Regional Fire Training Center

2. This is my _____ program using the initial pilot program standards?

First

3. Has this program ended?

Yes

4. Please complete the following information about the program on which you are reporting:

Beginning Enrollment

17

How many passed the program?

17

How many failed the program?

0

How many remain incomplete?

0

How many withdrew during the program?

0

5. Please complete the following information about the certification testing for the program on which you are reporting:

How many passed the state certification examination on the first attempt?

unk - Have not Tested

How many passed on subsequent attempts?

unk

How did your pass rate for the state certification exam for the pilot program compare to previous programs that you coordinated?

unk

6. Please complete the following information about the number of hours it took to complete these various aspects of the program on which you are reporting:

How many didactic hours?

84

How many lab hours?

48

How many clinical hours?

10

Total Number of Hours?

132

7. Do you feel the introduction of competencies increased the overall length of your class?

No

Image

8. The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.

demonstrate PPE (2)

10

disinfect/clean equipment/ambulance. (2)

1

comply with an infectious exposure (2)

1

ability to assess for breathing difficulty.(5)

7

ability to acquire a pulse (10)

10

ability to assess the skin in an adult.(10)

10

ability to assess capillary refill in infants and children (2) 1
ability to assess the pupils (10) 10
ability to obtain a blood pressure.(10) 10
ability to obtain a sample history.(10) 10
Wheeled ambulance stretcher (2) 1
Stair chair (2) 1
Long spine board (2) 10
Transfer from an ambulance stretcher to a hospital stretcher (1) 1

9. Are there any competencies in this module that should be added?
No

10. Are there any competencies in this module that should be removed?
Transfer from a stretcher, Wheeled ambulance stretcher.

Image

11. The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
ability to perform a chin-lift during an airway scenario. (5) 5
ability to perform a jaw thrust during an airway scenario.(5) 3
ability to perform suctioning during an airway scenario.(5) 3
ability to provide mouth to mouth ventilation using BSI.(5) 1
a pocket mask to artificially ventilate a patient. (5) 2
ability during an airway scenario using a BVM.(5) 7
artificially ventilating a patient with a bag-valve-mask for 1 and 2 rescuers(5) 5
ability to ventilate using a BVM for 1 minute (5) 1
ventilating with a flow restricted, oxygen powered ventilation device.(2) 1

artificially ventilate a patient with a stoma. (3) 2
insert an oropharyngeal (oral) airway.(5) 5
insert a nasopharyngeal (nasal) airway. (5) 3
operation of oxygen tanks and regulators. (5) 2
use of a nonrebreather face mask (5) 5
use of a nasal cannula (5) 5
artificially ventilate the infant and child patient. (5) 2
oxygen administration for the infant and child patient. (5) 2

12. Are there any competencies in this module that should be added?
No

13. Are there any competencies in this module that should be removed?
No

Image

14. The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
While reviewing presentation of scenes, identify potential hazards (5) 5
techniques for assessing mental status. (3) 5
techniques for assessing the airway. (3) 5
techniques for assessing if the patient is breathing. (3) 5
techniques for assessing if the patient has a pulse.(3) 5
techniques for assessing the patient for external bleeding. (5) 5
techniques for assessing the patient's skin color, temperature, condition and capillary refill (infants and children only). (3) 5
ability to prioritize patients.(3) 5
rapid trauma assessment (5) 5

patient assessment skills to assist a patient who is responsive with no known history.(3) 5
patient assessment skills used to assist a patient who is unresponsive or has an altered mental status.(3) 5
performing the detailed physical exam. (3) 5
performing the on-going assessment. (3) 5
Perform a radio transmission. (3) 2
Perform a report given to the staff at a receiving facility.(3) 1
Perform a report given to an ALS provider (3) 1
Complete a prehospital care report. (3) 2

15. Are there any competencies in this module that should be added?
No

16. Are there any competencies in this module that should be removed?
No, Should be summarized

Image

17. The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
assisting with self administration of medications. (5) 2
Read the labels and inspect each type of medication. (5) 2
emergency medical care for breathing difficulty. (5) 2
Perform the steps in facilitating the use of an inhaler.(5) 4
care of a patient experiencing chest pain/discomfort. (5) 4
application and operation of the AED. (5) 10
maintenance of an AED. (5) 1
assessment and documentation of patient response to the AED. (5) 1
complete the Automated Defibrillator: Operator's Shift Checklist. (5) 1

Perform the steps in the use of nitroglycerin for chest pain or discomfort.(5) 1
assessment and documentation of patient response to nitroglycerin. (5) 2
prehospital care report for cardiac emergencies.(5) 1
care for the patient taking diabetic medicine with an altered mental status and a history of diabetes. (3) 1
the administration of oral glucose. (3) 2
assessment and documentation of patient response to oral glucose. (3) 1
prehospital care report for patients with diabetic emergencies.(3) 1
care of the patient experiencing an allergic reaction.(3) 3
use of epinephrine auto-injector. (3) 5
assessment and documentation of patient response to an epinephrine injection.(3) 1
proper disposal of equipment.(3) 5
a prehospital care report for patients with allergic emergencies.(3) 1
care for the patient with possible overdose.(3) 3
care of a patient with exposure to cold.(3) 1
care of a patient with exposure to heat.(3) 1
care of a near drowning patient. (3) 1
a prehospital care report for patients with environmental emergencies. (3) 1
care of the patient experiencing a behavioral emergency.(3) 2
techniques to safely restrain a patient with a behavioral problem.(2) 2
assist in the normal cephalic delivery. (0) 1
care procedures of the fetus as the head appears.(0) 1
infant neonatal procedures.(0) 1
post delivery care of infant. (0) 1
how and when to cut the umbilical cord. (0)

1
the steps in the delivery of the placenta. (0) 1
post-delivery care of the mother. (0) 1
procedures for the following abnormal deliveries: vaginal bleeding, breech birth, prolapsed cord, limb presentation. (0) 1
care of the mother with excessive bleeding.(0) 1
prehospital care report for patients with obstetrical/gynecological emergencies. (0) 1

18. Are there any competencies in this module that should be added?

No

19. Are there any competencies in this module that should be removed?

ALL THE DOCUMENTATION THAT IS SPECIFIC TO A PATHOLOGY, SOME OF THE ENVIRONMENTAL STUFF SHOULD BE DELETED

Image

20. The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.

direct pressure as a method of emergency medical care of external bleeding. applying a dressing and bandage to the: (12) [Head times 2 Shoulder times 2 Forearm times 2 Fingers times 2 Hip times 2 Calf times 2]
1

use of diffuse pressure as a method of care of external bleeding.
1

pressure points and tourniquets as a method of care of external bleeding. Demonstrate the ability to locate and apply bleeding control methods using the following pressure points: (4) A) Brachial X2 B) Femoral X2
1

care of signs and symptoms of internal bleeding.(1)
1

care of signs and symptoms of shock (hypoperfusion).
1

prehospital care report for patient with bleeding and/or shock
3

steps in the care of closed soft tissue injuries.(1)
2

steps in the care of open soft tissue injuries.(1)
2

steps in the care of a patient with an open chest wound.(2)

2
steps in the care of a patient with open abdominal wounds.(2) 1
steps in the care of a patient with an impaled object.(1) 1
steps in the care of a patient with an amputation.(1) 1
steps in the care of an amputated part. 1
steps in the care of a patient with superficial burns.(1) 1
steps in the care of a patient with partial thickness burns.(1) 1
steps in the care of a patient with full thickness burns.(1) 1
steps in the care of a patient with a chemical burn.(1) 1
completing a prehospital care report for patients with soft tissue injuries.(1) 1
care of a patient with a painful, swollen, deformed extremity. Demonstrate 2 times each of the following:(12)[A) Forearm B) Arm C) Clavicle D) Thigh E) Calf D) Ankle/Foot] 1
prehospital care report for patients with musculoskeletal injuries. 1

21. Are there any competencies in this module that should be added?
nO

22. Are there any competencies in this module that should be removed?
ALL OF THE INJURY SPECIFIC DOCUMENTATION, DIFFUSE PRESSURE, ALL OF THE DIFFERENT PARTS TO USE DIRECT PRESSURE

Image

23. The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
opening the airway in a patient with suspected spinal cord injury.(4) 1
evaluating a responsive patient with a suspected spinal cord injury.(4) 1
stabilization of the cervical spine. (4) 1
four person log roll for a suspected spinal cord injury.(2) 1

log roll a suspected spinal cord injury using two people.(2) 1
securing a patient to a long spine board. 1
short board immobilization technique. (3) 1
procedure for rapid extrication. (1) 1
methods for stabilization of a helmet. (2) 1
helmet removal techniques. (2) 1
alternative methods for stabilization of a helmet. 1
prehospital care report for patients with head and spinal injuries.(2) 1
techniques of foreign body airway obstruction removal in the infant.(3) 1
techniques of foreign body airway obstruction removal in the child.(3) 1
assessment of the infant and child. (2) 2
bag-valve-mask artificial ventilations for the infant. (3) 1
bag-valve-mask artificial ventilations for the child. (3) 1
oxygen delivery for the infant and child. (3) 1
perform triage. (2) 2

24. Are there any competencies in this module that should be added?
NO

25. Are there any competencies in this module that should be removed?
SOME OF THESE ARE DUPLICATED IN MODULE 2. 4 PERSON LOG ROLL

Image

26. The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
participate as an attendant on no less than 3 911 ambulance responses following completion of all lab competencies. (3) 3

27. Are there any competencies in this module that should be added?

NO

28. Are there any competencies in this module that should be removed?
NO

29. What percentage of Instructors were not VA Certified EMT Instructors?
43%

30. Where were your non-certified EMT Instructors utilized? (click all that apply)
Didactic
Lab
Clinical

31. Overall, what percentage of the program was instructed by non-certified EMT Instructors?
43

32. What additional activity was needed to prepare non-certified EMT instructors for:
Didactic instruction Give Curriculum
Lab instruction None
Clinical instruction None

33. Which of the following criteria was useful in selecting non-certified EMT Instructors: (check all that apply)
The selection process utilized in our ALS programs
Instructional Experience
Subject knowledge

34. What was the level of certification or credentials of your non-certified EMT instructors?
EMT-B, EMT-P, EMT-I

35. What did you like most about this pilot program?
I liked the flexibility

36. What recommendations do you have for changes for the next round of pilot programs?
Get rid of some of the documentation, especially the specific stuff. All documentation is the same. Giving a medication is the same no matter what you administer, Also get rid of some of the obscure competencies like, The near drowning patient.

37. What did not work well?

The state competency booklet. To many pages to cover. Combine competencies, so that you are not spending a lot of time in marking their books.

38. What recommendations do you have for potential implementation statewide?

Needs some combining, The sheer number of competencies need to decrease

39. Other comments you wish to share?

I think that this program has great potential. some refining needs to be done in order to get enough buy-in into our program. I think that it can be a successful program

40. Choose one category below which best describes where your institution is located.

Urban area with less than 150,000 people

41. For your entire student body, please indicate the racial or ethnic group breakdown--please provide actual numbers, NOT percentages.

White
15

Black
2

Hispanic
0

Asian American
0

American Indians
0

Thank you very much for completing the mandatory pilot program report. Your cooperation and participation is appreciated.

Roanoke Valley Regional Fire-EMS Training Center

EMT – Basic Program

Background:

This pilot course was part of The Roanoke Regional Fire Academy. EMT Basic is one of the required certifications. We had 17 firefighter recruits from The City of Roanoke, The County of Roanoke, The City of Salem, and The City of Lynchburg. This pilot program also had one additional civilian employee from The City of Roanoke. The instructors for this course were provided from all of the 4 localities.

Here are the statistics from the pilot program

Number of Students at the beginning of class	18
Number of Students at the end of class	18
Number of Students Dismissed	0
Number of Course Hours	136
Number of Instructors	22
Number of EMT – Instructors	13

Overall Course averages for the last three years

Recruit School 8 (Pilot Program)	93
Recruit School 7	92
Recruit School 6	88

Roanoke Valley Regional Fire-EMS Training Center

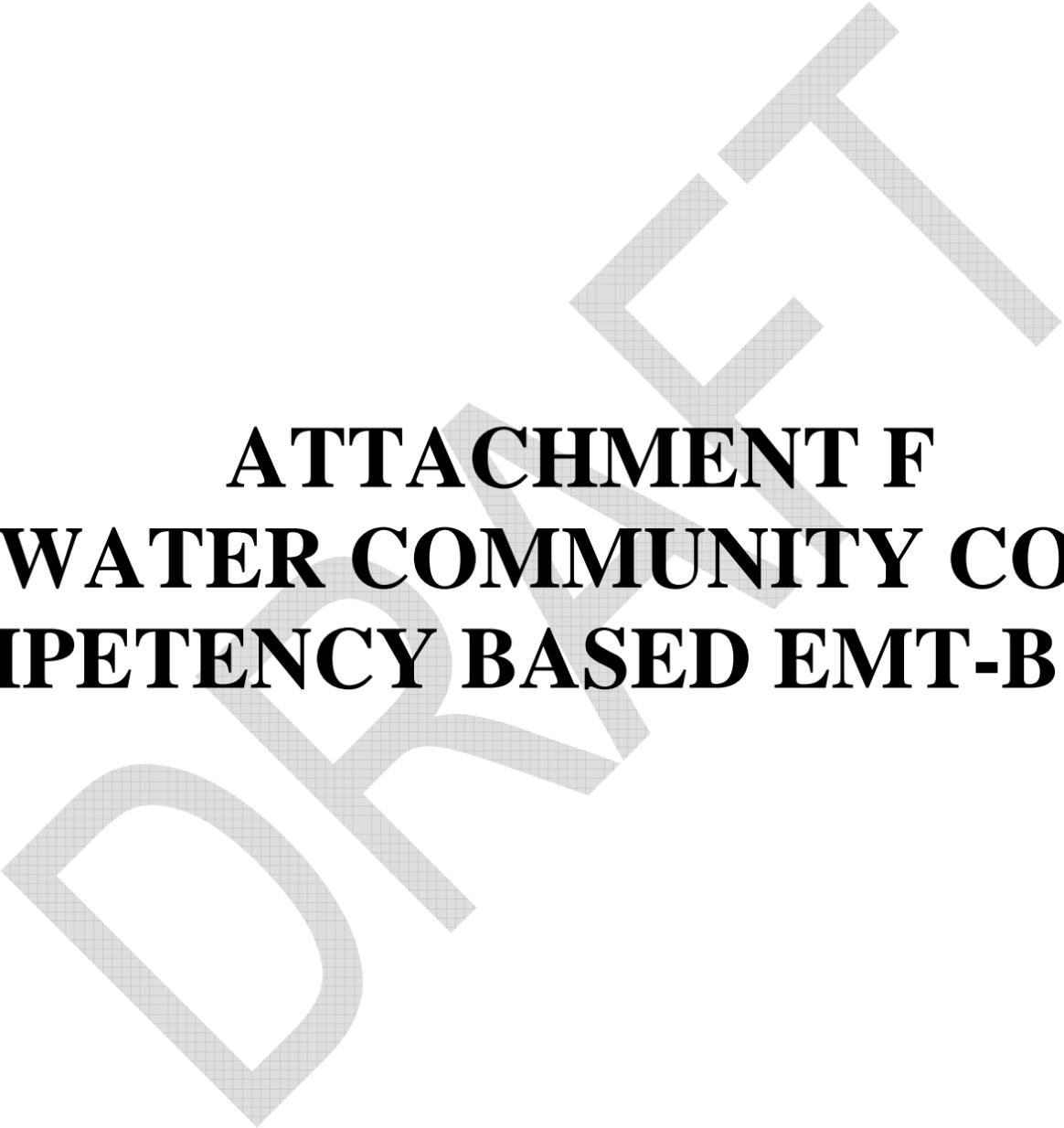
EMT – Basic Program

Advantages

1. Flexibility of instructors
2. Allowed opportunity for mastery of ALL skills. No skills were dropped
3. Allowed the students to have knowledge of what skills must be completed prior to testing
4. Gave other talented personnel an opportunity to lead the EMT-Basic Portion of the recruit school

Disadvantages

1. Documentation time of all the skills.
2. Difficult to coordinate so that all of the skills were covered.
3. The students initially had a problem grasping the concept of the skills book
4. Amount of specific documentation (PCR's).



ATTACHMENT F
TIDEWATER COMMUNITY COLLEGE
COMPETENCY BASED EMT-B PILOT



My Surveys > Manage Survey

BLS Pilot Program Report 9-27-06

Edit & Review

Invite & Deploy

Analyze Results

Results

Individual Responses

Raw Data Export

Individual Responses

You may page through each respondent's answers by clicking the arrow buttons below, or to view a specific respondent's answers, type in a number and click Go. To exclude a respondent from all reports, click Exclude This Response. [Learn More](#)

Options

Show Responses:

Included (3 responses)

☐ Show respondent email addresses

☐ Exclude all blank responses [Learn More](#)

|< < 1 / 3 > >| 1 GO

Completion Time: Oct 9, 2006 8:42AM

[Exclude This Response](#)

Image

The Office of EMS and the EMS Advisory Board's Professional Development Committee appreciate your willingness to assist in piloting the competency based EMT Basic programs. We realize you are providing additional time to investigate potential improvements in EMS. The following survey will assist with collecting data from the pilot programs in a consistent and reliable manner. Please contact Greg Neiman, Chad Blosser or Warren Short with questions or problems completing this survey.

.

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Thank You
Office of EMS, Division of Educational Development
Professional Development Committee

1. Please select the name of the institution for which you are submitting a report.

Tidewater Community College

2. This is my _____ program using the initial pilot program standards?

First

3. Has this program ended?

No

4. Please complete the following information about the program on which you are reporting:

Beginning Enrollment

79

How many passed the program?

classes not finished until Dec

How many failed the program?

classes not finished until Dec

How many remain incomplete?

classes not finished until Dec

How many withdrew during the program?

classes not finished until Dec

5. Please complete the following information about the certification testing for the program on which you are reporting:

How many passed the state certification examination on the first attempt?

classes not finished until Dec

How many passed on subsequent attempts?

classes not finished until Dec

How did your pass rate for the state certification exam for the pilot program compare to previous programs that you coordinated?

classes not finished until Dec

6. Please complete the following information about the number of hours it took to complete these various aspects of the program on which you are reporting:

How many didactic hours?

classes not finished until Dec

How many lab hours?

classes not finished until Dec

How many clinical hours?

10/student

Total Number of Hours?

classes not finished until Dec

7. Do you feel the introduction of competencies increased the overall length of your class?

No

Image

8. The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.

demonstrate PPE (2)

N/A

disinfect/clean equipment/ambulance. (2)

N/A

comply with an infectious exposure (2)

N/A

ability to assess for breathing difficulty.(5)

N/A

ability to acquire a pulse (10)

N/A

ability to assess the skin in an adult.(10)

N/A

ability to assess capillary refill in infants and children (2) N/A
ability to assess the pupils (10) N/A
ability to obtain a blood pressure.(10) N/A
ability to obtain a sample history.(10) N/A
Wheeled ambulance stretcher (2) N/A
Stair chair (2) N/A
Long spine board (2) N/A
Transfer from an ambulance stretcher to a hospital stretcher (1) N/A

9. Are there any competencies in this module that should be added?

-

10. Are there any competencies in this module that should be removed?

-

Image

11. The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.

ability to perform a chin-lift during an airway scenario. (5) N/A
ability to perform a jaw thrust during an airway scenario.(5) N/A
ability to perform suctioning during an airway scenario.(5) N/A
ability to provide mouth to mouth ventilation using BSI.(5) N/A
a pocket mask to artificially ventilate a patient. (5) N/A
ability during an airway scenario using a BVM.(5) N/A
artificially ventilating a patient with a bag-valve-mask for 1 and 2 rescuers(5) N/A
ability to ventilate using a BVM for 1 minute (5) N/A
ventilating with a flow restricted, oxygen powered ventilation device.(2) N/A

artificially ventilate a patient with a stoma. (3) N/A
insert an oropharyngeal (oral) airway.(5) N/A
insert a nasopharyngeal (nasal) airway. (5) N/A
operation of oxygen tanks and regulators. (5) N/A
use of a nonrebreather face mask (5) N/A
use of a nasal cannula (5) N/A
artificially ventilate the infant and child patient. (5) N/A
oxygen administration for the infant and child patient. (5) N/A

12. Are there any competencies in this module that should be added?
-

13. Are there any competencies in this module that should be removed?
-

Image

14. The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
While reviewing presentation of scenes, identify potential hazards (5) N/A
techniques for assessing mental status. (3) N/A
techniques for assessing the airway. (3) N/A
techniques for assessing if the patient is breathing. (3) N/A
techniques for assessing if the patient has a pulse.(3) N/A
techniques for assessing the patient for external bleeding. (5) N/A
techniques for assessing the patient's skin color, temperature, condition and capillary refill (infants and children only). (3) N/A
ability to prioritize patients.(3) N/A
rapid trauma assessment (5) N/A

patient assessment skills to assist a patient who is responsive with no known history.(3)
N/A

patient assessment skills used to assist a patient who is unresponsive or has an altered mental status.(3)
N/A

performing the detailed physical exam. (3)
N/A

performing the on-going assessment. (3)
N/A

Perform a radio transmission. (3)
N/A

Perform a report given to the staff at a receiving facility.(3)
N/A

Perform a report given to an ALS provider (3)
N/A

Complete a prehospital care report. (3)
N/A

15. Are there any competencies in this module that should be added?

-

16. Are there any competencies in this module that should be removed?

-

Image

17. The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.

assisting with self administration of medications. (5)
N/A

Read the labels and inspect each type of medication. (5)
N/A

emergency medical care for breathing difficulty. (5)
N/A

Perform the steps in facilitating the use of an inhaler.(5)
N/A

care of a patient experiencing chest pain/discomfort. (5)
N/A

application and operation of the AED. (5)
N/A

maintenance of an AED. (5)
N/A

assessment and documentation of patient response to the AED. (5)
N/A

complete the Automated Defibrillator: Operator's Shift Checklist. (5)
N/A

Perform the steps in the use of nitroglycerin for chest pain or discomfort.(5) N/A
assessment and documentation of patient response to nitroglycerin. (5) N/A
prehospital care report for cardiac emergencies.(5) N/A
care for the patient taking diabetic medicine with an altered mental status and a history of diabetes. (3) N/A
the administration of oral glucose. (3) N/A
assessment and documentation of patient response to oral glucose. (3) N/A
prehospital care report for patients with diabetic emergencies.(3) N/A
care of the patient experiencing an allergic reaction.(3) N/A
use of epinephrine auto-injector. (3) N/A
assessment and documentation of patient response to an epinephrine injection.(3) N/A
proper disposal of equipment.(3) N/A
a prehospital care report for patients with allergic emergencies.(3) N/A
care for the patient with possible overdose.(3) N/A
care of a patient with exposure to cold.(3) N/A
care of a patient with exposure to heat.(3) N/A
care of a near drowning patient. (3) N/A
a prehospital care report for patients with environmental emergencies. (3) N/A
care of the patient experiencing a behavioral emergency.(3) N/A
techniques to safely restrain a patient with a behavioral problem.(2) N/A
assist in the normal cephalic delivery. (0) N/A
care procedures of the fetus as the head appears.(0) N/A
infant neonatal procedures.(0) N/A
post delivery care of infant. (0) N/A
how and when to cut the umbilical cord. (0)

N/A
the steps in the delivery of the placenta. (0) N/A
post-delivery care of the mother. (0) N/A
procedures for the following abnormal deliveries: vaginal bleeding, breech birth, prolapsed cord, limb presentation. (0) N/A
care of the mother with excessive bleeding.(0) N/A
prehospital care report for patients with obstetrical/gynecological emergencies. (0) N/A

18. Are there any competencies in this module that should be added?
-

19. Are there any competencies in this module that should be removed?
-

Image

20. The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
direct pressure as a method of emergency medical care of external bleeding. applying a dressing and bandage to the: (12) [Head times 2 Shoulder times 2 Forearm time 2 Fingers times 2 Hip times 2 Calf times 2] N/A
use of diffuse pressure as a method of care of external bleeding. N/A
pressure points and tourniquets as a method of care of external bleeding. Demonstrate the ability to locate and apply bleeding control methods using the following pressure points: (4) A) Brachial X2 B) Femoral X2 N/A
care of signs and symptoms of internal bleeding.(1) N/A
care of signs and symptoms of shock (hypoperfusion). N/A
prehospital care report for patient with bleeding and/or shock N/A
steps in the care of closed soft tissue injuries.(1) N/A
steps in the care of open soft tissue injuries.(1) N/A
steps in the care of a patient with an open chest wound.(2) N/A

steps in the care of a patient with open abdominal wounds.(2) N/A
steps in the care of a patient with an impaled object.(1) N/A
steps in the care of a patient with an amputation.(1) N/A
steps in the care of an amputated part. N/A
steps in the care of a patient with superficial burns.(1) N/A
steps in the care of a patient with partial thickness burns.(1) N/A
steps in the care of a patient with full thickness burns.(1) N/A
steps in the care of a patient with a chemical burn.(1) N/A
completing a prehospital care report for patients with soft tissue injuries.(1) N/A
care of a patient with a painful, swollen, deformed extremity. Demonstrate 2 times each of the following:(12)[A) Forearm B) Arm C) Clavicle D) Thigh E) Calf D) Ankle/Foot] N/A
prehospital care report for patients with musculoskeletal injuries. N/A

21. Are there any competencies in this module that should be added?
-

22. Are there any competencies in this module that should be removed?
-

Image

23. The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
opening the airway in a patient with suspected spinal cord injury.(4) N/A
evaluating a responsive patient with a suspected spinal cord injury.(4) N/A
stabilization of the cervical spine. (4) N/A
four person log roll for a suspected spinal cord injury.(2) N/A
log roll a suspected spinal cord injury using two people.(2) N/A
securing a patient to a long spine board.

N/A
short board immobilization technique. (3) N/A
procedure for rapid extrication. (1) N/A
methods for stabilization of a helmet. (2) N/A
helmet removal techniques. (2) N/A
alternative methods for stabilization of a helmet. N/A
prehospital care report for patients with head and spinal injuries.(2) N/A
techniques of foreign body airway obstruction removal in the infant.(3) N/A
techniques of foreign body airway obstruction removal in the child.(3) N/A
assessment of the infant and child. (2) N/A
bag-valve-mask artificial ventilations for the infant. (3) N/A
bag-valve-mask artificial ventilations for the child. (3) N/A
oxygen delivery for the infant and child. (3) N/A
perform triage. (2) N/A

24. Are there any competencies in this module that should be added?

-

25. Are there any competencies in this module that should be removed?

-

Image

26. The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.

participate as an attendant on no less than 3 911 ambulance responses following completion of all lab competencies. (3)
N/A

27. Are there any competencies in this module that should be added?

-

28. Are there any competencies in this module that should be removed?

-

29. What percentage of Instructors were not VA Certified EMT Instructors?
classes not finished until Dec

30. Where were your non-certified EMT Instructors utilized? (click all that apply)
Didactic
Lab
Clinical

31. Overall, what percentage of the program was instructed by non-certified EMT Instructors?
classes not finished until Dec

32. What additional activity was needed to prepare non-certified EMT instructors for:
Didactic instruction Small workshop on lecturing, PPT use, etc
Lab instruction None
Clinical instruction None

33. Which of the following criteria was useful in selecting non certified EMT Instructors: (check all that apply)
Instructional Experience
Subject knowledge
Other

34. What was the level of certification or credentials of your non-certified EMT instructors?
Basic through Paramedic

35. What did you like most about this pilot program?
classes not finished until Dec

36. What recommendations do you have for changes for the next round of pilot programs?
classes not finished until Dec

37. What did not work well?
classes not finished until Dec

38. What recommendations do you have for potential implementation statewide?
classes not finished until Dec

39. Other comments you wish to share?

I am glad we are getting a chance to run this pilot.

40. Choose one category below which best describes where your institution is located.

Urban area with a population of 150,000-500,000

41. For your entire student body, please indicate the racial or ethnic group breakdown--please provide actual numbers, NOT percentages.

White
13392

Black
6609

Hispanic
995

Asian American
1233

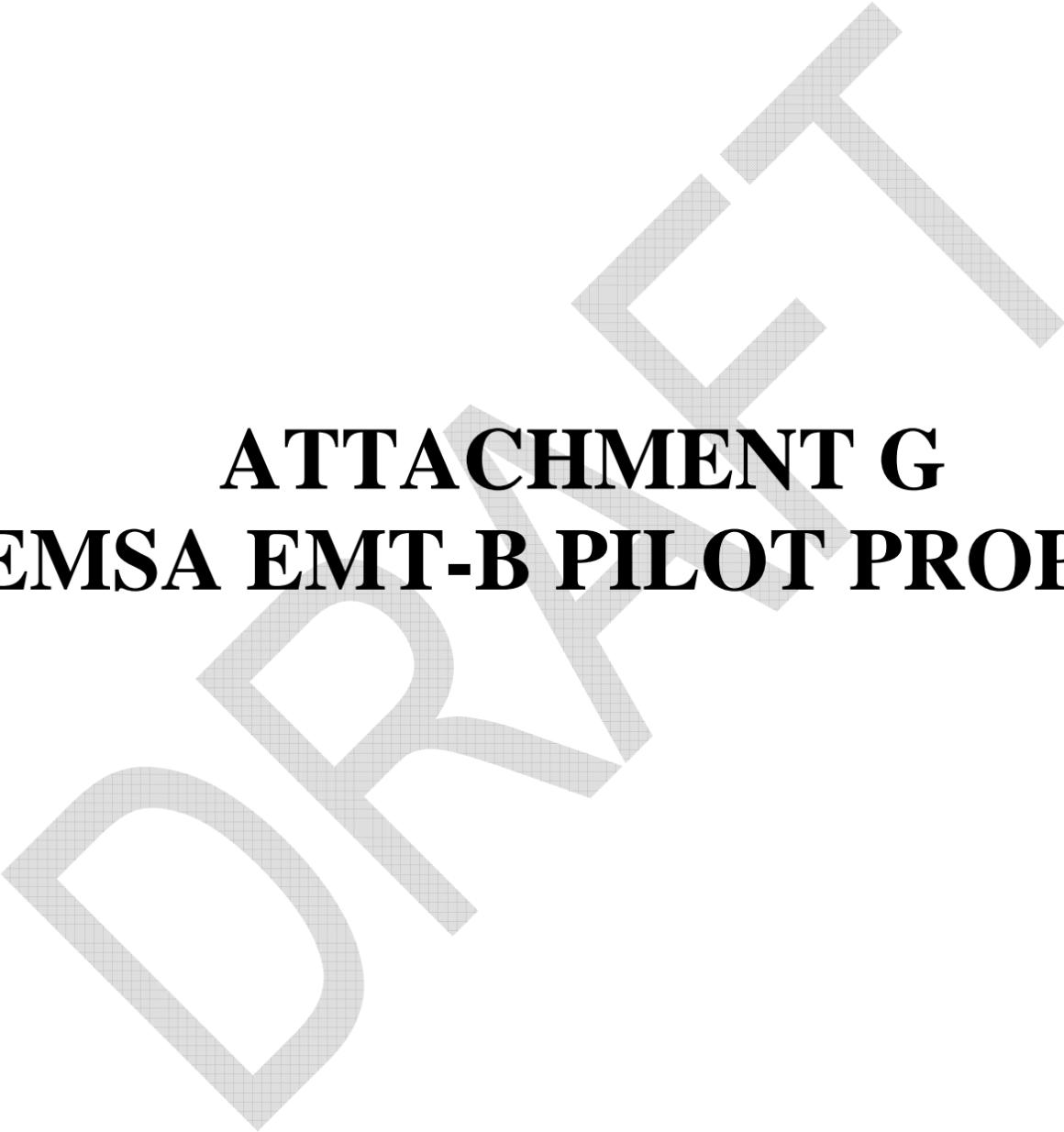
American Indians
143

Thank you very much for completing the mandatory pilot program report.
Your cooperation and participation is appreciated.

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ATTACHMENT G
ODEMSA EMT-B PILOT PROPOSAL



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.
1463 Johnston-Willis Drive
Richmond, VA 23235-4730
804-560-3300 • FAX: 804-560-0909
www.odemsa.vaems.org

MEMORANDUM

**TO: State Professional Development Committee
Dr. James Dudley, Chair**

FROM: R. D. McClure, ODEMSA Board Member

RE: Proposal for Competency-Based BLS Pilot Program

DATE: October 3, 2006

At its meeting in Farmville on August, 2006, the Board of Directors of the Old Dominion EMS Alliance (ODEMSA) unanimously approved a motion to offer individuals and agencies in the ODEMSA region for a pilot project we believe is closely tied to the recently-approved competency-based EMT-B Pilot Training Programs. The purpose of this memo is to ask that ODEMSA's proposal be put on the agenda for the Committee's Oct. 11 meeting.

The programs approved by the Professional Development Committee on July 12, 2006, deal with those accredited by the Virginia Office of EMS. The ODEMSA proposal for a one-year competency-based EMT-B pilot program would involve the use of specially selected state-endorsed ALS Coordinators teaching EMT-B courses in a non-accredited environment. We propose tracking students in those non-accredited, competency-based programs and comparing their outcomes to those of the students in the programs approved and conducted in the accredited programs. As I understand it, the primary point of comparison will be the state EMT-B Consolidated Test to include didactic and practical testing.

The complete details of this proposal will be available at the Oct. 11 meeting, which I will attend. In general, it will involve competency-based curricula taught by ALS Coordinators in all four planning districts in ODEMSA: 13, 14, 15 and 19. We will limit the one-year pilot to not more than 25 percent of the state-endorsed ALS Coordinators. We believe that the fact that ALS Coordinators have a high record of success in ALS training programs, as stated by the OEMS, will be reflected in an equally high rate of success with these Coordinators using BLS curricula. We would have students evaluate this program, and have OMDs and EMS agency leaders evaluate the students who are certified in this pilot program.

The ODEMSA Board is convinced that by conducting a program in a non-accredited environment, and by comparing the outcomes to those in the accredited environment, will provide the Professional Development Committee with important information that will prove helpful in evaluating competency-based EMT-B training programs. I look forward to discussing this proposal with you in more detail on Oct. 11.

RDM/jd